Image# 14952957764 PAGE 1 / 317

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full)  Women Speak Out PAC  ADDRESS (number and street)  Check if different than previously reported. (ACC)  Vashington  C. C00530766  C. C00530766  TYPE OR PRINT ▼ Example: If typing, type over the lines.  Lamber: I	
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  CITY  STATE  ZIP CODE  3. IS THIS  NEW  AMENDED	
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  CITY   STATE   ZIP CODE   AMENDED	1
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  CITY   STATE   ZIP CODE   AMENDED	
ADDRESS (number and street)  Check if different than previously reported. (ACC)  Washington  CITY   STATE   ZIP CODE   AMENDED	
Check if different than previously reported. (ACC)  Washington  CITY ▲  STATE ▲  ZIP CODE ▲  C C00530766  3. IS THIS  NEW  AMENDED	
than previously reported. (ACC)  Washington  CITY   STATE   ZIP CODE   AMENDED	
C C00530766 3. IS THIS NEW AMENDED	
C00530766	
4. TYPE OF REPORT (b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (Non-Elective Year Only)	ection
(a) Quarterly Reports:  Due On:  Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  On:  On:  On:  On:  On:  On:  On:  On	ectiòn ' nly)
April 15 Quarterly Report (Q1)  Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (	
July 15 Ouarterly Report (Q2)  (C) 12-Day Primary (12P) General (12G) Runoff (1	(12R)
Report for the: Convention (12C) Special (12S)  October 15 Quarterly Report (Q3)	
January 31 Year-End Report (YE)  Election on  M M / D D / Y Y Y Y Y in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)  (d) 30-Day  POST-Election X General (30G) Runoff (30R) Special (	ıl (30S)
Termination Report (TER)  Election on  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
5. Covering Period 11 17 2014 through 11 24 2014	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name of Treasurer  Ms. Emily Buchanan	
Signature of Treasurer  Ms. Emily Buchanan  [Electronically Filed] Date  Mg. Emily Buchanan  [Electronically Filed] Date	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §40	§437g.
Office Use FEC FORM 3X Rev. 12/2004	

## SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	Write or Type Committee Name Women Speak Out PAC		
F	Report Covering the Period: From:	11 17 2014 To:	: 11 24 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		1842.48
	(b) Cash on Hand at Beginning of Reporting Period	398281.65	
	(c) Total Receipts (from Line 19)	34065.49	3682448.71
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	432347.14	3684291.19
7.	Total Disbursements (from Line 31)	60130.23	3312074.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	372216.91	372216.91
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	Women	Speak	Out	<b>PAC</b>
--	-------	-------	-----	------------

Report Covering the Period: From:	17 2014	To: 11 24 2014
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
	16475.00	3506074.09
(i) Itemized (use Schedule A)	7 7	
(ii) Unitemized	17590.49	106374.62
(iii) TOTAL (add	75. 75. 11.00	7 7
Lines 11(a)(i) and (ii)▶	34065.49	3612448.71
(7)() = (7)		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0	70000
(d) Total Contributions (add Lines	,	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	34065.49	3682448.71
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures	,	,
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	200	0.00
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(Hoth ochedule 110)	3.00	0.00
(I) I - 1 - F - 1 - (f O - I I II5)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0	
(c) Total Transfers (add To(a) and To(b))		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	34065.49	3682448.71
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	34065.49	3682448.71

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 0	perating Expenditures:	Total Tino I Gliou	Calcilual Teal-10-Date
(a	Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	, ,	25067.46	1000017 74
(0	Expenditures  ) Total Operating Expenditures	25967.46	1232317.74
(c	(add 21(a)(i), (a)(ii), and (b))▶	25967.46	1232317.74
2. Tr	ransfers to Affiliated/Other Party		
	ommittees	0.00	0.00
3. C	ontributions to ederal Candidates/Committees		
ar	nd Other Political Committees	0	3000
	dependent Expenditures	24400 77	2070750 54
	se Schedule E) oordinated Party Expenditures	34162.77	2076756.54
(2	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
(u	se Schedule F)		0.00
3 17	pan Repayments Made	0.00	0.00
). L	Tiepayments wade	7	
7. Lo	pans Made	0.00	0.00
3. R	efunds of Contributions To:  ) Individuals/Persons Other		
(a	Than Political Committees	0.00	0.00
(b	,	0.00	0.00
(c	,	0.00	0.00
	(such as PACs)	0.00	0.00
(d	) Total Contribution Refunds		
(~	(add Lines 28(a), (b), and (c))▶	0	0
	(444 -446 -5(5), (5), (4), (4),	7	
). O	ther Disbursements	0.00	0.00
	· ·		
	ederal Election Activity (2 U.S.C. §431(20))		
(a	) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	7	7 7
	(ii) "Levin" Share	0.00	0.00
(b	. ''	7 7	
,-	With Federal Funds	0.00	0.00
(c	) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0
	otal Disbursements (add Lines 21(c), 22,		
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	60130.23	3312074.28
	stal Fadaral Diahumannanta		
	otal Federal Disbursements ubtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	60130.23	3312074.28
110	5.11 EIIIO 01/	30.100.20	55.257 1.26

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	34065.49	3682448.71
4. Total Contribution Refunds (from Line 28(d))	0	0
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34065.49	3682448.71
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	25967.46	1232317.74
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	25967.46	1232317.74

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Stor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Women Speak Out PAC		
Full Name (Last, First, Middle Initial) Thomas Posatko  Mailing Address 507 West 9th Street  City Wilmington  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For: Primary General Other (specify)	State Zip Code DE 19801  C  Occupation Retired  Aggregate Year-to-Date ▼	Date of Receipt  11 24 2014  Transaction ID: 58-AD63-3472AC066158  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Robert Michalewicz  Mailing Address 337 Michalewicz Road  City  Best  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 76932  C  Occupation Rancher  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2014  Transaction ID: 75-BDFF-6B306945438A  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Paul McFadden  Mailing Address 9504 Indianfield Drive  City  Mechanicsville  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For:  Primary  General  Other (specify)	State Zip Code VA 23116  C  Occupation Retired  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  11 17 2014  Transaction ID: 79-BCCE-3B14F6A486A8  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number of	only)	

	FC	R LIN	E NU	IMBER	:	PAGE	=	7 C	)F	317
Use separate schedule(s)	(ch	(check only one)								
for each category of the Detailed Summary Page		<b>K</b> 11a		11b		11c		12		
		13		14		15		16		17

	I Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) Women Speak Out PAC		
Full Name (Last, First, Middle Initial)  John Hoch  Mailing Address 580 West 215th Street Apt.	42	Date of Receipt
waming Address Sou West 215th Street Apt.	<del>"</del> a	11 17 _ 2014 _
City	State Zip Code	Transaction ID : B1-AB3C-82FB7863BEB5
New York	NY 10034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	-
Retired	Retired	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  3. John Valerius		Date of Receipt
Mailing Address 1909 Canterbury Street		11 17 2014
City	State Zip Code	Transaction ID: 10-9E8C-229C37C1405E
Irving	TX 75062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Retired	Occupation Retired	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Henry Davison		Date of Receipt
Mailing Address 7821 Buist Avenue		11 19 2014
City Philadelphia	State Zip Code PA 19153	Transaction ID : A5-AD62-B34279183569  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
SSA	Civil Servant	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).		2500.00
TOTAL This Period (last page this line number	er only)	

	FOF	R LINE	NU	MBER	:	PAGE	=	8	OF	3	317
Use separate schedule(s)	(che	ck only	or	ne)							
for each category of the Detailed Summary Page		11a		11b		11c		12			
,g.		13		14		15		16			17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Women Speak Out PAC		
Full Name (Last, First, Middle Initial) George Bridgman  Mailing Address 1092 87th Avenue West  City Duluth  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code MN 55808  C	Date of Receipt  11 17 2014  Transaction ID: 3D-8EE7-8103D49928DA  Amount of Each Receipt this Period  300.00
Retired Receipt For:  Primary General Other (specify) ▼	Retired  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Stephen Good  Mailing Address 3304 Grand Avenue  City  Everett	State Zip Code WA 98201	Date of Receipt  11 17 2014  Transaction ID: 3B-8E51-D4EAF42EEBEE  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For:  Primary General Other (specify) ▼	Occupation Retired  Aggregate Year-to-Date ▼  225.00	225.00
Full Name (Last, First, Middle Initial) Ralph Schmidt  Mailing Address 2925 Piano Bridge Road  City Schulenburg	State Zip Code TX 78956	Date of Receipt  11 17 2014  Transaction ID: FA-BBF9-771B2A08D7E1  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For:  Primary General  Other (specify) ▼	Occupation Retired  Aggregate Year-to-Date ▼  1000.00	1000.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1525.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** 9 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) Lawrence Rakunas Date of Receipt Mailing Address 1150 Willowgate Lane 2014 City State Zip Code Transaction ID: A3-A93C-A19AE4E22FBC Saint Charles IL 60174 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Retired Northwest Airlines Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Pamela Gilardi Date of Receipt Mailing Address 105 Due East Avenue 11 21 2014 City State Zip Code Transaction ID: C1-9195-B78E5E261EB4 FL New Smyrna Beach 32169 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy Reed Date of Receipt Mailing Address 2201 E Hickory Hill Road 17 2014 City Zip Code State Transaction ID: 34-9553-C364637DCA7D TX Argyle 76226 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR	PAGE	. 1	0 0	F	317				
Use separate schedule(s)	(che									
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) Mary Murphy Date of Receipt Mailing Address 46 Central Drive 20 2014 City State Zip Code Transaction ID: DA-9FCC-78DA9DA599BC NY Plandome 11030 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Josephine Noetzel Date of Receipt Mailing Address 238 Surrey Lane 11 17 2014 City State Zip Code Transaction ID: 53-842F-CE7BCCBC1497 IL Lake Forest 60045 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Deloitte Mgmt Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carol Crossed Date of Receipt Mailing Address 1675 Clover Street 24 2014 City Zip Code State Transaction ID: C2-81FD-11FD1EAE910F NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 3000.00

SUBTOTAL of Receipts This Page (optional)			7		Ξ	7	Ξ	50	00.0	0
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	Ξ	_	Ţ.	

3000.00

Occupation

President, SBA Museum

Aggregate Year-to-Date ▼

federal political committee.

Seamless Garment Network

Other (specify)

General

Name of Employer

Primary

Receipt For:

FOR LINE NUMBER: PAGE 11 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) Anne Perri Date of Receipt Mailing Address 4975 Southwest 65th Avenue 2014 City Zip Code State Transaction ID: 89-B08F-53725CA54E5D OR Portland 97221 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Best Buy In Town, Inc. Secretary/Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemary Perez Date of Receipt Mailing Address 6822 Oregon Street 20 11 2014 City State Zip Code Transaction ID: E7-BA94-779B2FC1D07B Buena Park CA 90621 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation St. Joseph Hospital Mammographer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elaine Moczygemba Date of Receipt Mailing Address 452 K D M Lane 17 2014 City Zip Code State Transaction ID: A9-8E54-9D6BBF46529C TX Hobson 78117 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation **Dry-Land Farmer** Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 2400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 12 OF 317 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Women Speak Out PAC Full Name (Last, First, Middle Initial) David Ream Date of Receipt Mailing Address 19514 Orrick Trail 2014 City Zip Code State Transaction ID: DD-9B35-F6002C8972EE MO Kirksville 63501 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self-Employed Clergyman Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony Dimaggio Date of Receipt Mailing Address 28001 Southfield Road 20 11 2014 City State Zip Code Transaction ID: F1-9CCE-E5F2F7907C3C Lathrup Village MI 48076 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **General Motors** Engineer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 16475.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Llea caparata cabadula(a)	FOR LINE NUMBER: PAGE 13							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) Women Speak Out PAC	o and address of any points	oci committee to		<u> </u>					
Full Name (Last, First, Middle Initial)			D . (D: )						
A. Activist Manager			Date of Disburs	ement					
Mailing Address PO Box 601				2014					
,	State Zip Code VA 22066		Transaction II	ction ID : FA6AC11A-E059-45E5-					
Purpose of Disbursement Consulting		001	Amount of Each	Disbursement this Period					
Candidate Name		Category/		3087.00					
	nent For: Primary General Other (specify)	Туре	7	0001100					
State: District:									
Full Name (Last, First, Middle Initial)  B. Andresen Blom  Mailing Address 101 Asbury Ct.				ement 2014					
,	State Zip Code VA 22602		Transaction II	D : EA74CC9A-D9B4-4D52-					
Purpose of Disbursement Consulting		001	Amount of Each	Disbursement this Period					
Candidate Name		Category/ Type		5000.00					
	nent For: Primary General Other (specify)	.,,,,,	,	,					
Full Name (Last, First, Middle Initial) C. Trace Strategies, LLC			Date of Disburs						
Mailing Address 11104 Westpoint Court				19 2014					
•	State Zip Code AR 72211		Transaction II	D : F4850855-05A0-4E58-A					
Consulting  Candidate Name		001 Category/	Amount of Each	Disbursement this Period					
	nent For: Primary General Other (specify) ▼	Туре		3443.71					
				11530.71					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 1									
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orli)									
	Detailed Summary Page	X 21b	22 23 28a 25								
<b>.</b>	<u> </u>	27									
Any information copied from such Reports and State or for commercial purposes, other than using the nar											
NAME OF COMMITTEE (In Full)											
Women Speak Out PAC											
Full Name (Last, First, Middle Initial)			5								
A. Discount Bankcard			Date of Disbu								
Mailing Address 21215 Burbank Blvd			11 17 2014								
Suite 300			2017								
,	State Zip Code		Transaction	n ID : 9EC6A76A-9B06-41AC-8							
Woodland Hills	CA 91367		Transaction	11D . 9ECOA70A-9B00-41AC-0							
Purpose of Disbursement Credit Card Processing Fees		001	Amount of Fa	ach Disbursement this Period							
Candidate Name			ount of Le	2.32.3511011 11101 11100							
		Category/ Type		53.01							
Office Sought: House Disburser	ment For:										
Senate	Primary General										
State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
B. Discount Bankcard			Date of Disbu	ursement							
- Discoult Dankeard				D D / Y Y Y Y							
Mailing Address 21215 Burbank Blvd			11	18 2014							
Suite 300											
City Woodland Hills	State Zip Code CA 91367		Transaction	n ID : 7E73941E-AECB-4A9E-A							
Purpose of Disbursement	31007										
Credit Card Processing Fees		001	Amount of Ea	ach Disbursement this Period							
Candidate Name		Category/		1.24							
Office Sought: House Disburse	ment For:	Туре		1,24							
Office Sought: House Disburser Senate	Primary General										
President	Other (specify)										
State: District:	· · · · · · · · · · · · · · · · · · ·										
Full Name (Last, First, Middle Initial)											
C. Discount Bankcard			Date of Disbu	ursement							
Mailing Address 04045 D. J. J. D. J.				D D / Y Y Y Y Y							
Mailing Address 21215 Burbank Blvd Suite 300			11	18 2014							
	State Zip Code		Transation	ID - 02E00000 D40D 42E0 D							
Woodland Hills	CA 91367		iransaction	n ID : 83E89090-D48D-4250-B							
Purpose of Disbursement Credit Card Processing Fees		001									
Candidate Name			Amount of Ea	ach Disbursement this Period							
Canadate Name		Category/ Type		2.67							
Office Sought: House Disbursel	ment For:	-75-	1								
Senate	Primary General										
President	Other (specify) ▼										
State: District:											
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 1									
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(onlook only									
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b							
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NAME OF COMMITTEE (In Full)	22.2.2.2.7.10										
Women Speak Out PAC											
Full Name (Last, First, Middle Initial)			Date of Dishurs	mont							
A. Discount Bankcard			Date of Disburse								
Mailing Address 21215 Burbank Blvd			11 20 2014								
Suite 300											
City	State Zip Code		Transaction ID	: BC446E5D-B858-43C7-A							
Woodland Hills Purpose of Disbursement	CA 91367	<u> </u>									
Credit Card Processing Fees		001	Amount of Each	Disbursement this Period							
Candidate Name		Category/									
		Type		0.48							
	ement For:										
Senate President	Primary General Other (specify)										
State: District:	Julio (σρ <del>ο</del> σίιγ) <b>Ψ</b>										
Full Name (Last, First, Middle Initial)											
B. Discount Bankcard			Date of Disburse	ment							
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Mailing Address 21215 Burbank Blvd Suite 300			11 24	2014							
City	State Zip Code		T	. ACADEDO4 04ED 4004 5							
Woodland Hills	CA 91367		I ransaction ID	: A61DEB24-2AEB-4C9A-8							
Purpose of Disbursement Credit Card Processing Fees		004	Amount of Foot	Dishuraamant this Davied							
Candidate Name		001	Amount of Each	Disbursement this Period							
Canada Hamo		Category/ Type		11.59							
Office Sought: House Disburs	ement For:	1 .762	,								
Senate	Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial)  C. Discount Bankcard			Date of Disburse	ment							
Discoult Dalikcalu			M M / D								
Mailing Address 21215 Burbank Blvd			11 24								
Suite 300	Otata 7'- O 1										
City Woodland Hills	State Zip Code CA 91367		Transaction ID	: 20C6A12D-0482-4417-B							
Purpose of Disbursement	3										
Credit Card Processing Fees		001	Amount of Each	Disbursement this Period							
Candidate Name		Category/		17.30							
Office Sought: House Disburs	ement For:	Туре		11.00							
Senate	Primary General										
President	Other (specify)										
State: District:											
SUBTOTAL of Disbursements This Page (optional)	)	••••••		29.37							
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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 16 C				OF	317					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	)	(chec	k only	one)		٦					
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	for commercial purposes, other than using the name												'
$  \setminus $	NAME OF COMMITTEE (In Full)												
//	Women Speak Out PAC												
_	Full Name (Last, First, Middle Initial)						,						
A.	Intuit					Date o							
	Mailing Address 2632 Marine Way					11	/	2		/ Y	2014	Y	
	City	State Zip Code				Trans	eact	ion ID	. 19	3F24F2	-CEEA.	.4233	R
	Mountain View Purpose of Disbursement	CA 94042				Hall	Saci	טו ווטו	. 10	) ) ) )	-CFFA	4233	-Б
	Credit Card Processing Fees		Г	001		Amour	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name		C	atego	ry/			-				7.75	П
	Office Sought: House Disbursen	ment For:		Туре			-	7		7			
		Primary General											
	President	Other (specify) ▼											
	State: District:												
R	Full Name (Last, First, Middle Initial)  Intuit					Date o	of Di	shurse	mei	nt			
	intait					M = N			D		Y	Υ	
	Mailing Address 2632 Marine Way					11	_	2	:0	L	2014	_	
	City S Mountain View	State Zip Code CA 94042				Tran	sact	ion ID	: B	4BB5D1	3-2C16	-4B4	9-9
	Purpose of Disbursement Credit Card Processing Fees		Г	001	$\neg$	Amour	nt of	Each	Die	burseme	nt thic	Pario	vd.
	Candidate Name			atego	01/	Amour	11 01	Lacii	Dis	Durschie		T CITO	
				Type	y,		_	7		- 7		0.48	
	Office Sought: House Disbursen												
		Primary General Other (specify) ▼											
	State: District:	(-											
_	Full Name (Last, First, Middle Initial)												
C.	Intuit					Date o							
	Mailing Address 2632 Marine Way					1 <sub>1</sub> 1	/	1	7	/ Y	2014	Y	
	City	State Zip Code							_			4055	
	Mountain View	CA 94042				iran	sact	ion ID	: 6/	A8EB39	B-7B23	-485I	8
	Purpose of Disbursement Credit Card Processing Fees		Г	001			. ,		<b>D</b> :			<b>.</b> .	
	Candidate Name		C	atego	ry/	Amour	it of	Eacn	DIS	burseme		Perio 9.65	ia
	Office Sought: House Disbursen	ment For:	l					,		,			
		Primary General											
	State: District:	Other (specify) ▼											
	otate. District.												_
s	SUBTOTAL of Disbursements This Page (optional)				<b>•</b>			7		,	4	7.88	
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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 17 OF					OF :	317			
IT	EMIZED DISBURSEMENTS	Use separate schedule( for each category of the		(check only	one)		0.5					
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	ny information copied from such Reports and Staten for commercial purposes, other than using the name											
$  \setminus $	NAME OF COMMITTEE (In Full)											
$ \rangle$	Women Speak Out PAC											
_	Full Name (Last, First, Middle Initial)								_			
Α.	Intuit				Date o							
	Mailing Address 2632 Marine Way				11		20	- 1		2014	Y	
	City	State Zip Code			Trans	sactio	n ID	. 64	\ED2660	0-0050-	4ACE	)_B
	Mountain View Purpose of Disbursement	CA 94042			ITalis	sactic	טו ווכ	. 07	LDZ	<i>)</i> -0030-	4ACL	<i>-</i> -0
	Credit Card Processing Fees		П	001	Amoun	t of E	Each	Disk	ourseme	nt this	Perio	d
	Candidate Name		7 -	Category/							7.75	П
	Office Sought: House Disbursen	ment For:		Туре			,		7			-
		Primary General										
	President	Other (specify) ▼										
	State: District:											
В	Full Name (Last, First, Middle Initial)  Intuit				Date o	f Disl	hurse	mer	nt			
	intait				M M		D			YY	Υ	
	Mailing Address 2632 Marine Way				11	1	2	1	L.	2014	_	
	City S Mountain View	State Zip Code CA 94042			Trans	sactio	on ID	: 26	6A4E47 <i>A</i>	4-F6C2	-4F8E	Ξ-A
	Purpose of Disbursement Credit Card Processing Fees		Т	001	Amaun	+ of F	- - - -	Diel	ourseme	nt thin	Dorio	٠٨
	Candidate Name		-  L		Amoun	l OI E	zacn	DIS	Jurseme	ni triis	Perio	a
				Category/ Type			,			5	1.28	$\perp$
	Office Sought: House Disbursen											
		Primary General Other (specify) ▼										
	State: District:	Carlot (opcony)										
	Full Name (Last, First, Middle Initial)											
C.	Intuit				Date o	f Disl	burse	mer				
	Mailing Address 2632 Marine Way				11	/	24			2014	Y	
	City	State Zip Code										
		CA 94042			Trans	sactio	on ID	: B2	23D0019	}-458F-	4142-	-8
	Purpose of Disbursement Credit Card Processing Fees			204								
	Candidate Name		-  L	001	Amoun	t of E	Each	Disk	ourseme	nt this	Perio	d
				Category/ Type							1.81	
	Office Sought: House Disbursen						,		,			
		Other (specify) —										
	State: District:	Other (specify) ▼										
Г	2.5				_	-		_	—	_		_
s	SUBTOTAL of Disbursements This Page (optional)						,			60	0.84	
$\vdash$				<u> </u>					-			ī
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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 (				OF 3	317					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	)	(check	only	one)		1					
		Detailed Summary Page		×	21b 27	22		23		24 28c	25		26
_						28a		28b	<u>_</u>		29		30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the name												
$  \setminus $	NAME OF COMMITTEE (In Full)												
	Women Speak Out PAC												
_	Full Name (Last, First, Middle Initial)												
Α.	Intuit					Date o	f Dis		_				
	Mailing Address 2632 Marine Way					11		2		/ Y	2014	Y	
	City S	State Zip Code				Trans	2-D7C7-	16 1 2					
	Mountain View Purpose of Disbursement	CA 94042				ITalis	sacı	טוווט	. ^,	33A041 2	0101	<del>-1</del> 0/10	-6
	Credit Card Processing Fees		Г	001		Amoun	t of	Each	Disl	ourseme	nt this	Perio	d
	Candidate Name			Categor	y/			-			3	0.17	П
	Office Sought: House Disburser	mont For		Туре			-	7		- 7		3.17	_
	Office Sought: House Disburser Senate	Primary General											
	President	Other (specify) ▼											
_	State: District:												
_	Full Name (Last, First, Middle Initial)												
В.	Mary Katherine Collins					Date o	f Dis	sburse	mer				
	Mailing Address 15 1/2 Magnoila Circle					M = M	/	1	<sup>D</sup> 7	/ Y	2014	Υ	
	•	State Zip Code AR 72143				Trans	sact	ion ID	: 02	24197A6	-D6E0-	4FF1	-9
	Searcy Purpose of Disbursement	AR 72143											
	Mary Kate Collins Bonus for KS Work		Ш	001		Amoun	t of	Each	Disl	ourseme	nt this	Perio	d
	Candidate Name			Categor	y/						42	7.59	П
	Office Sought: House Disbursen	mont For		Туре				7		7		7.00	_
	Office Sought: House Disbursen Senate	Primary General											
		Other (specify) ▼											
	State: District:	•											
	Full Name (Last, First, Middle Initial)												
C.	PayChex					Date o	f Dis —	sburse	mer				
	Mailing Address 911 Panorama Trail S					M = M	/	1		/ Y	2014	Y	
	,	State Zip Code				Trans	sact	ion ID	: 66	699BD7	A-AB91	-4943	3-A
	Rochester Purpose of Disbursement	NY 14625											
	Payroll Processing		Ш	001	Ш	Amoun	t of	Each	Disl	ourseme	nt this	Perio	d
	Candidate Name			Categor	y/	-	-	-			12	5.28	П
	Office Sought: House Disburser	nont For:		Туре			-	7	-	-7		5.20	_
	Senate Disburser	Primary General											
	President	Other (specify) ▼											
	State: District:												
Γ											-50	0.04	$\neg$
S	SUBTOTAL of Disbursements This Page (optional)				<b>•</b>			7			583	3.04	
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Ι'	<b>OTAL</b> This Period (last page this line number only)		•••••					7		7			

ITEMIZED DISBURSEMENTS	/ Llas samarata sahadula(a)	(oricon orin)	/ one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports or for commercial purposes, other than using			on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Women Speak Out PAC			
Full Name (Last, First, Middle Initial)  A. PayChex			Date of Disbursement
Mailing Address 911 Panorama Trail S			11 18 2014
City	State Zip Code		Transaction ID - ED755025 957D 44 AC 9
Rochester Purpose of Disbursement	NY 14625		Transaction ID : EB755035-857D-41AC-8
Payroll Processing		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	48.80
Office Sought:  Senate  President  State:  District:	Disbursement For:  Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. PayChex			Date of Disbursement
Mailing Address 911 Panorama Trail S			11 21 2014
City Rochester Purpose of Disbursement	State Zip Code NY 14625		Transaction ID : ED24493F-F231-4862-9
Payroll Processing		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	173.73
Office Sought:  Senate  President  State:  District:	Disbursement For:  Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. Beene Office Park, LLC			Date of Disbursement
Mailing Address 2250 Hospital Drive Suite 220			11 21 2014
City Bossier City	State Zip Code LA 71111		Transaction ID: E610576D-BA82-4560-B
Purpose of Disbursement Rent		001	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 455.50
Office Sought:  Senate  President  State:  District:	Disbursement For:  Primary General  Other (specify) ▼	76.	
SUBTOTAL of Disbursements This Page (	optional)		678.03
TOTAL This Period (last page this line nu	mber only)	·····	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 2				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)			
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b		
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NAME OF COMMITTEE (In Full)	ne and address of any poin	ilicai committee te	3011011 CONTINUATIONS II	om sach committee.		
Women Speak Out PAC						
Full Name (Last, First, Middle Initial)						
A. Dueling Oak, LLC			Date of Disburseme	ent		
Mailing Address PO Box 1026			11 21	2014		
City	State Zip Code					
Madisonville	LA 70447		I ransaction ID :	54801F37-BDF9-4356-A		
Purpose of Disbursement Rent		001	Amount of Each Di	sbursement this Period		
Candidate Name		Category/ Type		1425.00		
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	1,762				
State: District:						
Full Name (Last, First, Middle Initial)						
B. Jay Canella			Date of Disbursem	ent		
Mailing Address 3914 Lake Sherwood Ave			11 21	2014		
City	State Zip Code		Transaction ID :	FC01D6F4-6074-478B-B		
East Batoun Rouge	LA 70816		Transaction ib .	1 00 1001 4-0074-4700-0		
Purpose of Disbursement Rent		001	Amount of Each Di	sbursement this Period		
Candidate Name		Category/ Type		1000.00		
Office Sought: House Disburser	ment For:	31		, , , , , , , , , , , , , , , , , , ,		
Senate	Primary General					
President State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. Orleans Place, LLC			Date of Disbursem	_		
Mailing Address PO Box 52592			11 21	2014		
City	State Zip Code		Towns of the ID	0540000 F004 400F 0		
Lafayette	LA 70505		I ransaction ID : 7	25A86309-E981-4C0F-8		
Purpose of Disbursement Rent		200				
Candidate Name		001 Category/	Amount of Each Di	sbursement this Period		
000		Type		900.00		
Senate President	ment For:  Primary General  Other (specify)					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				3325.00		
TOTAL This Period (last page this line number only	)		1 1 4			

SCHEDULE B (FEC Form 3X)	Harris I to the first	FOR LINE NUMBER: PAGE 21									
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orli)									
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b							
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NAME OF COMMITTEE (In Full)											
Women Speak Out PAC											
Full Name (Last, First, Middle Initial)			Date of Disburse	mant							
A. IRS			Date of Dispurse								
Mailing Address IRS			11 2								
City	State Zip Code		Transaction ID : F549F0B3-86A4-4								
Cincinnati Purpose of Disbursement	OH 45999										
Taxes		001	Amount of Each	Disbursement this Period							
Candidate Name		Category/		1453.11							
Office Country   House		Туре		1455.11							
Office Sought: House Disburse Senate	ment For:  Primary General										
President	Other (specify) ▼										
State: District:											
Full Name (Last, First, Middle Initial)											
B. DC Unemployment Services			Date of Disburse								
Mailing Address 501 C St. NW #501			11 2 <sup>-</sup>								
City	State Zip Code		Transaction ID	: D94692A5-1D9F-4744-B							
Washington Purpose of Disbursement	DC 20001										
Taxes		001	Amount of Each	Disbursement this Period							
Candidate Name		Category/ Type	,	1.60							
Office Sought: House Disburse	ment For:										
Senate	Primary General										
President State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)											
C. LA Unemployment			Date of Disburse	ment							
Mailing Address 1001 North 23rd St, P.O. Box 940	04		M M / D 21								
Mailing Address 1001 North 25td St, F.O. Box 940	<del>94</del>			2014							
City	State Zip Code		Transaction ID	: 166AF341-C731-4AE4-9							
Baton Rouge Purpose of Disbursement	LA 70804										
Taxes		001	Amount of Each	Disbursement this Period							
Candidate Name		Category/	Amount of Each								
		Type		225.05							
Office Sought: House Disburse Senate	ment For:    Primary   General										
President	Primary General  Other (specify)										
State: District:	- (-ir J) <b>V</b>										
SUBTOTAL of Disbursements This Page (optional).				1679.76							
TOTAL This Period (last page this line number only	١										
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for each category of Detailed Summary F	f the	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	
and address of ally	pontioul	25	33 601		J. Holli Suc	30/////	
			D.: 1	Dist			
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			11			2014	
	!		Trans	action ID	: 6B79FE	48-D75I	D-4685-
27099		001	A	of Fools	Diahuman		- Davis
	L		Amount	or ⊨ach	וואטטוט	nent this	s Period
		Category/ Type		- 7			51.72
	eral						
				_			
			11			2014	Y
State Zip Code OH 45999	; 		Trans	action ID	) : E14028	1E-F89F	F-40E8-9
		001	Amount	of Each	Disburse	ment this	s Period
						-	10.66
	eral						
			11			2014	Y
State Zip Code NH 03060	·		Trans	action ID	): 182781	3D-7938	-4C5F-I
		002	A ·		Distric		- D
		Category/	Amount	of Each		-	s Period 16.16
	eral	2000		7	7		
	State Zip Code NC 27699  ement For: Primary Gen Other (specify)   State Zip Code NC 27699  State Zip Code NC 27699  State Zip Code NC 45999  State Zip Code NH 03060	State Zip Code NC 27699  ement For: Primary General Other (specify)  Primary General Other (specify)   State Zip Code OH 45999  State Zip Code OH 45999	ements may not be sold or used by any personal address of any political committee to see and address of any political committee to see any	ements may not be sold or used by any person for the me and address of any political committee to solicit corrections and address of address and address of address and	ments may not be sold or used by any person for the purpose me and address of any political committee to solicit contributions  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Transaction ID  Amount of Each  Category/ Type  Date of Disburss  Amount of Each  Category/ Type  Date of Disburss  Amount of Each  Category/ Type  Transaction ID  Amount of Each  Category/ Type	27   28a   28b   28c	ments may not be sold or used by any person for the purpose of soliciting contril me and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of any political committee to solicit contributions from such commitme and address of soliciting contributions from such committee to solicit contributions from such committee to s

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)		
	Detailed Summary Page	X 21b	22 28a	23 24 25 26 28b 28c 29 30b	
Г					
Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
Women Speak Out PAC					
Full Name (Last, First, Middle Initial)					
A. Garland Honeycutt			Date of Dis	sbursement	
Mailing Address 1081 Fork Mountain			11	19 2014	
City	State Zip Code		Transacti	on ID : 0EDCE7F1-4CB6-469E-A	
Bakersville	NC 28705		Hallsacti	OII ID . 0EDCE7F1-4CB0-409E-A	
Purpose of Disbursement Travel Reimbursement		002	Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		606.33	
Office Sought: House Disk	ursement For:	1		,	
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)			Date of Dis	shurcomont	
B. Mr. Grayson Greco					
Mailing Address 115 Wyndham Way			11	19 2014	
City	State Zip Code NC 24811		Transacti	on ID : 23545FF5-7AC6-43C5-A	
Wilmington Purpose of Disbursement	NC 24811	I			
Travel Reimbursement		002	Amount of	Each Disbursement this Period	
Candidate Name		Category/		158.51	
Office Sought: House Disk	ursement For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
C. Joanne Filiatreau			Date of Dis		
Mailing Address 3 Putter Cove			11 /	19 2014	
City	State Zip Code		<b>T</b>	ID 040FD07D 0474 4000 D	
Sherwood	AR 72120		iransacti	on ID : 9A3FD37D-617A-400C-B	
Purpose of Disbursement Travel Reimbursement		222			
Candidate Name		002	Amount of	Each Disbursement this Period	
Candidate Name		Category/ Type		987.38	
Office Sought: House Disk	ursement For:	1 .76-2			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (option	nal)			1752.22	
- I also (opine	,				
TOTAL This Period (last page this line number	only)	·····			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 24 OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
		27	28a 28b	28c 29 30l
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Women Speak Out PAC				
Full Name (Last, First, Middle Initial)				
A. Laurie Lee			Date of Disburse	
Mailing Address 11104 Westpoint Court			11 1	2014
City	State Zip Code		Transaction ID	: 75B0CC1D-4636-47F4-8
Little Rock	AR 72211		Transaction ib	. 73000010-4030-4774-6
Purpose of Disbursement Travel Reimbursement		002	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		1130.43
Office Sought: House Disburse	ment For:	71		,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Diahuras	mont
<sup>3.</sup> Martha C Luke			Date of Disburse	
Mailing Address 345 S Club Ave			11 / 1	
City St. Gabriel	State Zip Code LA 70776		Transaction ID	: D4B04F8F-328C-4401-9
Purpose of Disbursement Travel Reimbursement	70110	002	Amount of Each	Disbursement this Period
Candidate Name			Amount of Each	Dispursement this Period
Canadate Name		Category/ Type	7	24.40
Office Sought: House Disburse	ment For:			
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Mr. Mick Bransfield			Date of Disburse	
Mailing Address 12720 Builders Rd			11 / 1!	
City	State Zip Code		Transaction ID	: A7740E11-9B33-47D4-9
Herndon Purpose of Disbursement Travel Reimbursement	VA 20170			
Candidate Name		002 Category/	Amount of Each	Disbursement this Period
	_	Туре		2270.12
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	outor (opoony) ▼			
SUBTOTAL of Disbursements This Page (optional)				3424.95
				7
TOTAL This Period (last page this line number only	)			7

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 25 OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem	lents may not be sold or us			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
│ Women Speak Out PAC				
Full Name (Last, First, Middle Initial)				
A. Petrina Williams			Date of Disburser	
Mailing Address 3007 Darden Rd			11 / 19	
•	State Zip Code		Transaction ID	: 17A19322-CB7B-422A-8
Greensboro Purpose of Disbursement	NC 27407		Transaction ib	11A19322-001D-422A-0
Travel Reimbursement		002	Amount of Each I	Disbursement this Period
Candidate Name		Category/		1067.31
Office Sought: House Disbursem	nent For:	Type	7	.037.01
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Diahuma	mont
B. Taylor Wilson			Date of Disburser	
Mailing Address 6300 terra verde dr			11 19	
011	7. 0. 1			
,	State Zip Code NC 27609		Transaction ID	: 672D98DB-139F-437A-A
Purpose of Disbursement Travel Reimbursement	1.22			
Candidate Name		002	Amount of Each I	Disbursement this Period
Candidate Name		Category/ Type		116.66
Office Sought: House Disbursem	nent For:	71		
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Cleco Power, LLC			Date of Disburser	ment
Mailing Address DOD			M M / D	
Mailing Address PO Box			11 21	2014
•	state Zip Code		Transaction ID	: 3C8E07DC-3188-465D-8
Dallas Purpose of Disbursement	TX 75266		d dudion ib	. 155201 50 5100 4005-0
Utilities		001	Amount of Fach I	Disbursement this Period
Candidate Name		Category/	Amount of Lacif I	
000	. =	Type		34.85
Office Sought: House Disburser Senate	nent For:  Primary General			
	Other (specify)			
State: District:				
				4040.00
SUBTOTAL of Disbursements This Page (optional)		·····•	- T	1218.82
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	11	FOR LINE I	NUMBER:	PAGE 26 OF 317
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Annuinformation coming from such Demants and Chaten				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	, , ,			
Women Speak Out PAC				
,				
Full Name (Last, First, Middle Initial)				
A. Duke Energy			Date of Disbursen	
Mailing Address PO Box 70516			11 21	2014
ag / taa. eee   C Box / 00 10				2011
,	State Zip Code		Transaction ID :	500A5032-28DC-4B37-9
	NC 28272		Transaction iD .	300A3032-26DC-4B37-9
Purpose of Disbursement Utilities		001	Amount of Each F	Disbursement this Period
Candidate Name			Amount of Each L	dispursement this Period
		Category/ Type		56.38
Office Sought: House Disbursen	nent For:	71	,	,
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursen	aont
3. Chain Bridge Bank			Man / Date	
Mailing Address 1445-A Laughlin Avenue			11 20	
,	State Zip Code		Transaction ID :	F2DFBF71-8258-4AC0-B
McLean Purpose of Disbursement	VA 22101			
Wire Transfer Fee		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		
		Type		15.00
Office Sought: House Disbursen				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
Chain Bridge Bank			Date of Disbursen	nent
			M = M / D = D	) / Y   Y   Y   Y
Mailing Address 1445-A Laughlin Avenue			11 24	2014
City	Nata Zin Cada			
•	State Zip Code VA 22101		Transaction ID :	26591F4F-D60B-4124-9
Purpose of Disbursement				
Wire Transfer Fee		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		15.00
Office Country   House		Туре		15.00
Office Sought: House Disbursen Senate	Primary General			
	Other (specify)			
State: District:	<b>(1 )</b> / <b>∀</b>			
<u>'</u>				
SUBTOTAL of Disbursements This Page (optional)			7	86.38
<b>TOTAL</b> This Period (last page this line number only)			1	

### S 17

SCHEDULE B (FEC Form 3X)		I FOR LINE	NUMBED: DA	GE 27 OF 317
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	TOMBETT.	GL 27 OF 317
II LIMIZED DIGDONGLIMENTO	for each category of the Detailed Summary Page	X 21b	22 23 24	25 26
	Detailed Summary Page	27	28a 28b 28c	29 30b
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name	e and address of any politica	I committee to	solicit contributions from suc	h committee.
NAME OF COMMITTEE (In Full)				
Women Speak Out PAC				
Full Name (Last, First, Middle Initial)			D ( ( D) )	
A. Chain Bridge Bank			Date of Disbursement	
Mailing Address 1445-A Laughlin Avenue			11 20 Y	2014
	state Zip Code VA 22101		Transaction ID: 4968AB	FA-199C-422E-B
McLean Purpose of Disbursement	VA 22101			
Wire Transfer Fee		001	Amount of Each Disburser	ment this Period
Candidate Name		Category/		15.00
Office Cought.		Type		15.00
Office Sought: House Disbursen Senate	nent For:  Primary General			
	Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursement	
Mailing Address			M M / D D / Y	YYYY
maining / ddi ooo				
City	state Zip Code			
Purpose of Disbursement				
•			Amount of Each Disburser	ment this Period
Candidate Name		Category/		
Office County		Type		
Office Sought: House Disbursem	nent For:  Primary General			
	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M / D D / Y	YYY
City	state Zip Code			
Purpose of Disbursement				
			Amount of Each Disburser	ment this Period
Candidate Name		Category/		
Office Sought: House Disbursem	nent For:	Туре		
	Primary General			
	Other (specify) ▼			
State: District:				
				15.00
SUBTOTAL of Disbursements This Page (optional)		······		10.00
TOTAL This Period (last page this line number only).				25967.46

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EMIZED INDEPENDENT EXPENDITURES						PAGE 28 FOR LINE 24	OF 317 OF FORM 3X
	AME OF COMMITTEE (In Full)					FEC ID	DENTIFICATIO	N NUMBER ▼
V	Vomen Speak Out PAC					C	C00530766	
Ch	neck if 24-hour report 48-hour report	New repo	oort Ar	mends repo	ort filed on	M = M /	D D /	Y   Y   Y   Y   Y
٦	Full Name of Payee Virginia T Grant				С		c Distribution/D	
						11	17	2014
	Mailing Address 134 Shore Crest Circle				A	Amount		
	City	State	Zip Code					20.00
	Carrire	MS	39426				D: 9b14e229-e ursement or Ob	
	Purpose of Expenditure Salary		Category, Type			M M M	17	2014
	Name of Federal Candidate			Support	Office S	ouaht:	House D	oistrict: 00
	Ms. Mary L Landrieu		X	Oppose		_	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	505646.0	)6	Disburse 2014	ement For:	Primary	X General
	Full Name of Payee					Date of Public	c Distribution/E	Dissemination
	Virginia T Grant					M M M 11	/ D D /	2014
	Mailing Address 134 Shore Crest Circle				F	Amount		
	City Carrire	State MS	Zip Code 39426				D : 7ba5e56c-0	
	Purpose of Expenditure		1				ursement or Ol	_
	Mileage		Category, Type			11	17	2014
	Name of Federal Candidate			Support	Office S	Sought:	House D	District: 00
	Ms. Mary L Landrieu		X	Oppose	P	resident	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	<del></del>	505646.0	06	Disburse 2014	ement For:	Primary	X General
┙				<u> </u>	L	Other (sp	ресіту) ►	
	(a) SUBTOTAL of Itemized Independent Expenditures	<del>)</del> S			. [		1 1 7 1	24.20
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures						1 1
	(c) TOTAL Independent Expenditures				· • [			
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	ate or authorized						
	Ms. Emily Buchanan	[Electron	iically Filed]	Date	M M M	/ 04	/ Y Y 2014	Y Y
	Signature			Date	,	J	2011	

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EMIZED INDEPENDENT EXPENDITURES			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FI	EC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC			C C00530766
Ch	eck if 24-hour report 48-hour report New report	ort Amends repor	t filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Amanda Boley		Date of	Public Distribution/Dissemination
			M 11	
	Mailing Address Split Oak Drive		Amount	
	City State	Zip Code		80.00
	charlotte NC	28227		on ID: 2eef6dd0-3b87-4f6c-9 Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 11	M / D D / Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date	505646.06	Disbursement F	For: Primary X General
	Per Election for Office Sought	000 10.00		er (specify) -
	Full Name of Payee Amanda Boley			Public Distribution/Dissemination
			1	
	Mailing Address Split Oak Drive		Amount	
	City State	Zip Code		19.02
	charlotte NC	28227	I	ion ID : 0ef58d5c-8dcc-429e-9 Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	_	M / D D / Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	∑ Oppose	President	
	Calendar Year-To-Date		Disbursement F	
	Per Election for Office Sought	505646.06	2014 Oth	er (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	99.02
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(,,			7 1 7 1 7
	(c) TOTAL Independent Expenditures		<b>•</b>	
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•		
	Ms. Emily Buchanan	ically Filed]		)
	Signature	Date	12	04 2014

## SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES		PAGE 30 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	ort Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination
Mailing Address 212 Stonecliff Dr		11 17 2014 Amount
	Zip Code	30.00
West Monro LA	71291	<b>Transaction ID : f139e70f-cda6-4f73-9</b> Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y 1 Y 1 1 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu		President X Senate State: LA
Outra des Vers To Data		rsement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	505646.06 2014	Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Carla K Pilgreen		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr		Amount
City State	Zip Code	6.00
West Monro LA	·	Transaction ID: 82f8d5c6-06c3-4c99-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 / 17 / 2014
Name of Federal Candidate	Support Office	Sought: House District:00
Ms. Mary L Landrieu		President Senate State: LA
Calendar Year-To-Date		rsement For: Primary X General
Per Election for Office Sought	505646.06 2014	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	·····	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	7 7 7
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electroni	cally Filed] Date 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

## 17

	CHEDULE E (FEC Form 3X)		
Ti	EMIZED INDEPENDENT EXPENDITURES		PAGE 31 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
- Cł	heck if 24-hour report 48-hour report New report	rt Amends repor	rt filed on
_	Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination
	Mailing Address 5827 Brighton PI		11 17 2014 Amount
		Zip Code 70131	21.50  Transaction ID : 53bbdc13-582e-487f-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement of Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Support	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination
	Mailing Address 5827 Brighton PI		Amount
	City State Z	Zip Code	3.30
	1 .	70131	Transaction ID : 2df3bec2-852e-44d4-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
-	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		24.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
_	(c) TOTAL Independent Expenditures		<b>•</b>
-	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

12

Date

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	CHEDULE E (FEC Form 3X)		
H	EMIZED INDEPENDENT EXPENDITURES		PAGE 32 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	t Amends repor	t filed on
	Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St		11 17 2014  Amount
	City State Z	Zip Code	55.00
	Ville Platte LA 7	70586	Transaction ID : d9f61822-2a41-44c5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee Christopher Marquess	'	Date of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St		Amount
	City State Z	Zip Code	36.00
	Ville Platte LA 7	70586	Transaction ID: f56fb2dc-c74a-449d-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		91.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

12

Date

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## SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 33 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New r	report Amends repo	ort filed on
Full Name of Payee Gary W Fuhrmann  Mailing Address 9425 Jessica Drive			Date of Public Distribution/Dissemination  11 17 2014  Amount
City Shreveport	State LA	Zip Code 71106	52.50 Transaction ID : e2768e54-3d90-4507-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  11 17 2014
Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought		Support Oppose 505646.06	Office Sought: House District: 00  President X Senate State: LA  Disbursement For: Primary X General 2014  Other (specify) ▶
Full Name of Payee Gary W Fuhrmann  Mailing Address 9425 Jessica Drive  City	State	Zip Code	Date of Public Distribution/Dissemination  11 17 2014  Amount  7.50
Shreveport	LA	71106	Transaction ID : c9f0c1c5-60b5-4122-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 17 2014
Name of Federal Candidate  Ms. Mary L Landrieu		Support  Oppose	Office Sought: House District: 00  President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend			
(b) SUBTOTAL of Unitemized Independent Expe			
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electi	ronically Filed]	M = M / D = D / Y = Y = Y = Y = 12 04 2014

	CHEDULE E (FEC Form 3X)		
İt	EMIZED INDEPENDENT EXPENDITURES		PAGE 34 OF 317 FOR LINE 24 OF FORM 3X
N/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC		
			C C00530766
Эh	eck if 24-hour report 48-hour report New re	port Amends report	filed on
_	Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination
			11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2565 Shire Circle		Amount
	City State	Zip Code	40.00
	Harrisonburg VA	22801	Transaction ID : f3932ca4-0422-4be0-8
	Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Salary	Type 001	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date		Disbursement For: Primary X General
	Per Election for Office Sought	000010.00	Other (specify) ▶
	Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination
			11 17 2014
	Mailing Address 2305 Cleary Ave		Amount
	City State	Zip Code	12.50
	Metairie LA	70001	Transaction ID: 8192a80e-9fc8-42a1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought	505646.06	Other (specify)   Other
	(a) SUBTOTAL of Itemized Independent Expenditures		52.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	.,		
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditure		
	with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	ed committee or agent or t	either, or (if the reporting entity is not a political
	Ms Emily Ruchanan		

[Electronically Filed]

Date

2014

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
M	Vomen Speak Out PAC				C C00530766
 Ch	neck if 24-hour report 48-hour report	New repo	port Amends repo	ort filed or	n
٦	Full Name of Payee				Date of Public Distribution/Dissemination
	Lesley Lennox				11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2305 Cleary Ave			A	Amount
	City	State	Zip Code		1.50
	Metairie	LA	70001		ransaction ID : 55c16141-f37c-424a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 17 7 2014
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	505646.06	Disburse 2014	ement For: Primary X General  Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
	Tammay Williams				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address				11 17 2014
	924 N. Prieur St			A	Amount
	City	State	Zip Code	— I	60.00
	New Orleans	LA	70116		ransaction ID : 6702fcd5-7e86-47d6-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disburse 2014	sement For: Primary
_				_	
	(a) SUBTOTAL of Itemized Independent Expenditure	}S			61.50
	(b) SUBTOTAL of Unitemized Independent Expenditu	tures			
				-	
	(c) TOTAL Independent Expenditures			·· •	
1	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	12	04 2014
	Signature		_ Date	,	

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT E	KPENDITURES			PAGE 36 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report	48-hour report New report	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams			Date of F	
Mailing Address 924 N. Prieur S	 St		11	
20	Otata	= 0.1		45.00
City New Orleans	State LA	Zip Code 70116		15.00 on ID : 9d99c983-5fcf-4020-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of t	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	505646.06	Disbursement F	or: Primary X General  er (specify) ▶
Full Name of Payee Antoinette Franklin			Date of I	
Mailing Address 8822 Apple St			Amount	
City	State	Zip Code		30.00
New Orleans	LA	70188		on ID: 73281243-1c5d-407a-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	505646.06	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Indep	pendent Expenditures			45.00
(b) SUBTOTAL of Uniternized Inc	dependent Expenditures		· •	T 1 1 T 1 T 1
(c) TOTAL Independent Expendit	tures		·	7
	that the independent expenditures tion of, any candidate or authorized ty committee or its agent.			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D	04
Signature		_ Date	, <u> </u>	

	PAGE 37 FOR LINE 2	OF 317 4 OF FORM 3X		
C IDENTIFICATION NUMBER ▼ C00530766				
7	D = D /	Y = Y = Y		
ublic	Distribution/	Dissemination		
	17	2014		

				TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	rt New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
Antoinette Franklin				11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amo	ount
City	State	Zip Code		9.00
New Orleans	LA	70188		saction ID: 6734d3ad-b81f-4453-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 17 / 2014 2014
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Ms. Mary L Landrieu		Oppose		ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursem 2014	, ,
5 H M ( )				Other (specify) -
Full Name of Payee Francis Richardson			Dat	e of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			Λm	11 17 2014 ount
			AIII	Ount
City	State	Zip Code		30.00
Lafayette	LA	70503		saction ID: 4a105b39-09a2-4f62-8 e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 17 / 2014
Name of Federal Candidate		Support	Office Sou	ight: House District:00
Ms. Mary L Landrieu		X Oppose		sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursem 2014	
(a) SUBTOTAL of Itemized Independent Expe	enditures		· • [	Other (specify) ►
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized	•		•
Ms. Emily Buchanan	[Electron	ically Filed]	12 N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	Date	, ,-	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 38 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Francis Richardson	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	0.63
Lafayette LA 70503	Transaction ID : 0ecf2723-35dd-4476-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	11 17 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu   Oppose	President X Senate State: LA
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 505646.06	2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Sheri J Peace	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St	Amount
City State Zip Code	75.00
Keithville LA 71047	Transaction ID : 6cd9fa6a-2660-4f26-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	> 75.63
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	12 04 2014

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 39 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New	report Amends report	filed on filed on
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	14.40
Keithville	LA	71047	Transaction ID : 852c2294-11ba-4003-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 17 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Felicia A Jones			11 17 2014
Mailing Address 4106 Martha St			Amount
City	State	Zip Code	80.00
Shreveport	LA	71109	Transaction ID : f68dd5de-4df1-4b61-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		94.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or author		
Ms. Emily Buchanan	[Elect	tronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cianatura			

TEN	MIZED INDEPENDENT EXPENDITURES					PAGE 40 FOR LINE 2	OF 317 4 OF FORM 3X
	E OF COMMITTEE (In Full)				FEC	IDENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC				C	C00530766	
Chec	ck if 24-hour report 48-hour report New i	report A	Amends repo	ort filed on	M = M	/ D = D /	Y II Y II Y II Y
	Full Name of Payee			D	ate of Pul	blic Distribution/	Dissemination
	Felicia A Jones				м = м 11	/ D D /	2014
N	Mailing Address 4106 Martha St			А	mount		
	Dity State	Zip Code		— Г			10.50
	Shreveport LA	71109				ID: ab5dd95f-3	39da-4a64-9
	Purpose of Expenditure Mileage	Category Typ			M M	17	2014
١	Name of Federal Candidate		Support	Office So	ought:	House	District: 00
ŀ	Ms. Mary L Landrieu	X	Oppose		esident	X Senate	State: LA
$\vdash$	Calendar Year-To-Date		<del></del>	Disburse	ement For:		
	Per Election for Office Sought	505646.	06	2014	_	(specify) ▶	
	Full Name of Payee Cynthia J Christmas			D		ablic Distribution/	Dissemination  Y Y Y Y Y Y Y 2014
1/	Mailing Address 1731 Frenchmen St			A	Amount		
	City State	Zip Code				2	80.00
	New Orleans LA	70116		I		ID: 45665842- sbursement or C	
	Purpose of Expenditure Salary	Category Typ			M = M	17	2014
1	Name of Federal Candidate		Support	Office S	ought:	House	District:00
'	Ms. Mary L Landrieu	X	Oppose	Pr	resident	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646	.06	Disburse 2014	ement For:	r: Primary	X General
				_			
(a)	) SUBTOTAL of Itemized Independent Expenditures			▶		<del></del>	90.50
(b	) SUBTOTAL of Unitemized Independent Expenditures			·· •		7	
(c)	) TOTAL Independent Expenditures			·· • [		<del></del>	
wit	nder penalty of perjury I certify that the independent expendituing th, or at the request or suggestion of, any candidate or authorizanty committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Elect	tronically Filed)	I Date	M M M	/ D1		4
	Signature		Date	,	نا ل	تتا لـ	

### S 17

	HEDULE E (FEC FORM 3X) MIZED INDEPENDENT EXPENDITURES			PAGE 41 OF 317			
	WIZED INDEPENDENT EXPENDITORES			FOR LINE 24 OF FORM 3X			
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
W	omen Speak Out PAC			C C00530766			
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on M M / D = D / Y = Y = Y			
Т	Full Name of Payee			Date of Public Distribution/Dissemination			
١	Cynthia J Christmas			11 17 2014			
ľ	Mailing Address 1731 Frenchmen St			Amount			
╁	City State	Zip Code		10.50			
	New Orleans LA	70116		Transaction ID : 2bda7e4a-b4e7-4edf-a			
L		1		Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002		11 17 / 2014			
ı	Name of Federal Candidate	Support	Office	e Sought: House District: 00			
١	Ms. Mary L Landrieu	Oppose		President State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbu 2014	orsement For: Primary X General  Other (specify) ▶			
ı	Full Name of Payee			Date of Public Distribution/Dissemination			
١	Christopher L Gilbert			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 55 Lovell Johnson Rd			Amount			
-	City State	Zip Code		80.00			
	Picayune MS	39466		Transaction ID : 7db6f2fb-1f56-40de-a Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001		11 / 17 / 2014			
ŀ	Name of Federal Candidate	Support	Office	e Sought: House District: 00			
١	Ms. Mary L Landrieu	Oppose		President Senate State: LA			
ľ	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbi 2014	ursement For: Primary			
_				Guier (Specify)			
(a	a) SUBTOTAL of Itemized Independent Expenditures		▶	90.50			
(1	b) SUBTOTAL of Unitemized Independent Expenditures		·· •				
(	c) TOTAL Independent Expenditures						
			•	7 7			
W	Inder penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electroni	ically Filed] Date		2 04 2014			

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Date

TEMIZED INDEPENDENT EXPENDITURES					PAGE 42 FOR LINE 24	OF 317 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICATION	
Women Speak Out PAC				С	C00530766	
Check if 24-hour report 48-hour report	New repor	t Amends	report fi	led on	/ D D /	/ " Y " Y " Y
Full Name of Payee				Date of Pub	olic Distribution/Di	ssemination
Christopher L Gilbert				M M M 11	17	2014
Mailing Address 55 Lovell Johnson Rd				Amount		
City St	state Z	ip Code		-		46.20
Picayune M		39466			ID : e5c8edac-e9 bursement or Obl	
Purpose of Expenditure Mileage		Category/ Type	002	11	17	2014
Name of Federal Candidate	I	Suppo	ort Of	fice Sought:	House Di	strict: 00
Ms. Mary L Landrieu		∑ Oppos		President		State: LA
Calendar Year-To-Date			L	sbursement For:		General
Per Election for Office Sought		505646.06		14	specify) ▶	
Full Name of Payee				Date of Pub	olic Distribution/Di	ssemination
Lilly Green				M = M 11	17	2014
Mailing Address 205 Medallion Circle				Amount		
City St	State Z	Zip Code				80.00
Shreveport		71119			ID: c03f8e6d-9f2 bursement or Ob	23-4412-9
Purpose of Expenditure Salary		Category/ Type	001	11	17 /	2014
Name of Federal Candidate		Suppo	ort O	ffice Sought:	House Di	strict: 00
Ms. Mary L Landrieu		∑ Oppos		President		State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06		sbursement For:	Primary specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>		7	126.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·s		······ <b>&gt;</b>		7	
(c) TOTAL Independent Expenditures			<b>&gt;</b>			
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized of					
Ms. Emily Buchanan	[Electronica	ally Filed]	Date	M / D 12 04	2014	- Y

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURI	ES		PAGE 43 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	report Amends repo	ort filed on
Full Name of Payee Lilly Green  Mailing Address 205 Medallion Circle			Date of Public Distribution/Dissemination  11 17 2014  Amount
City	State	Zip Code	50.40
Shreveport	LA	71119	Transaction ID: 8a9b63d1-b5e7-4ac2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Gregory Green  Mailing Address 2506 Bolch Street			11 / 17 / 2014 Amount
City	State	Zip Code	80.00
Shreveport	LA	71104	Transaction ID: c2319680-67c6-4383-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 130.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. >
(c) TOTAL Independent Expenditures			·
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	ronically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 44 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Ch	heck if 24-hour report 48-hour report New re	eport Amends repor	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Gregory Green		11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2506 Bolch Street		Amount
	City State	Zip Code	64.50
	Shreveport LA	71104	Transaction ID : e252f1a2-a5c0-4af0-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 17 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Zachary Vidrine		11 17 2014
	Mailing Address 202 Rue Des Cajun		Amount
	City State	Zip Code	65.00
	Ville Platte LA	70586	Transaction ID : 7a6998f9-fab2-49bf-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 17 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Gher (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		129.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		-
_	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	onically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

	EDULE E (FEC Form 3X)				
TEMI	ZED INDEPENDENT EXPENDITURES				PAGE 45 OF 317 FOR LINE 24 OF FORM 3X
NAME	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	men Speak Out PAC				
					C C00530766
Check	if 24-hour report 48-hour report Ne	ew rep	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Fu	Il Name of Payee				Date of Public Distribution/Dissemination
	achary Vidrine				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Ма	ailing Address 202 Rue Des Cajun				Amount
Cit	ty State		Zip Code		17.10
	le Platte LA		70586		Transaction ID : 42b05423-f148-4d99-a
	rpose of Expenditure				Date of Disbursement or Obligation
	ileage		Category/ Type 002		11 / 17 / 2014
Na	ame of Federal Candidate		Support	Office	Sought: House District:00
Ms	s. Mary L Landrieu		X Oppose		President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	- 4	505646.06	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
F	Ill Name of Payee				
	loshua J Huffman				Date of Public Distribution/Dissemination  11 17 2014
Ma	ailing Address 211 Dixie Ave				Amount
Ci	ty State		Zip Code		70.00
	arrisonburg VA		22801		Transaction ID: 7c4ea002-263b-4b70-b
_	urpose of Expenditure		Category/	_	Date of Disbursement or Obligation
Si	alary		Type 001	_	11 17 2014
Na	ame of Federal Candidate		Support	Office	e Sought: House District: 00
М	s. Mary L Landrieu		Oppose		President Senate State: LA
$\vdash$	Calendar Year-To-Date		(-1)	Disbu	rsement For: Primary X General
	Per Election for Office Sought		505646.06	2014	
(a)	SUBTOTAL of Itemized Independent Expenditures			▶	87.10
(b)	SUBTOTAL of Unitemized Independent Expenditures			··· <b>▶</b>	1171171171
(c)	TOTAL Independent Expenditures			··· <b>•</b>	
with	ler penalty of perjury I certify that the independent expendent, or at the request or suggestion of, any candidate or authory committee) any political party committee or its agent.				
	Ms Emily Ruchanan				

[Electronically Filed]

Date

2014

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TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 46 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Cł	heck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Evelyn Lesaicherre		11 / D D / Y Y Y Y Y Y 1
	Mailing Address 629 Radiance Ave		Amount
	City State	Zip Code	80.00
	Metairie LA	70001	Transaction ID : a7ef21b0-91ea-4b23-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Evelyn Lesaicherre		11 17 2014
	Mailing Address 629 Radiance Ave		Amount
	City State	Zip Code	4.50
	Metairie LA	70001	Transaction ID: 581078ae-36f3-4d92-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
_			Outer (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 84.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		
			4 4
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan	nically Filed]	12 04 2014
	Signature	Date	12 04 2014

### S П

Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)						
ΤΙ	EMIZED INDEPENDENT EXPENDITURES				PAGE 47 FOR LINE 2	OF 31	
VI A	AME OF COMMITTEE (In Full)			550			
	Vomen Speak Out PAC				IDENTIFICATION	JN NUMBER	H ▼
	·			C	C00530766		
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed or	1	/ D D /	Y Y Y	Y
	Full Name of Payee			Date of Pub	olic Distribution/	Dissemination	on
	Jenny N Brown			11	17	2014	Y
	Mailing Address 1270 Lovelady Rd		A	Amount			
	City State	Zip Code				40.00	0
	West Monroe LA	71292			ID: 46785a8b- bursement or C		1
	Purpose of Expenditure Salary	Category/ Type 001		M M M	17	2014	Y
	Name of Federal Candidate	Support	Office S	ought:	House	District: 0	00
	Ms. Mary L Landrieu	Oppose		resident	Senate	State:	A
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disburse 2014	ement For:	Primary specify) ▶	X Gen	ieral
	Full Name of Payee Jenny N Brown  Mailing Address 1270 Leveledy Bd			Date of Pul	blic Distribution	/Dissemination	
	1270 Lovelady Rd		A	Amount			
	City State	Zip Code				7.50	)
	West Monroe LA	71292			ID: 989dbd45- sbursement or 0		а
	Purpose of Expenditure Mileage	Category/ Type 002		M M M	/ D D /	y y y 2014	Y
	Name of Federal Candidate	Support	Office S	Cought:	House	District:	00
	Ms. Mary L Landrieu	Support Oppose		resident	X Senate		_A
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disburs 2014	ement For:	Primary	Gen	neral
	(a) CUDTOTAL of the circuit and bedressed and Emparatheres					47.50	$\equiv$
	(a) SUBTOTAL of Itemized Independent Expenditures				7	47.50	_
	(b) SUBTOTAL of Unitemized Independent Expenditures		▶		7-		$\Box$
	(c) TOTAL Independent Expenditures		··· • [		7 7		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.						

[Electronically Filed]

12

Date

04

2014

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 48 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C	C00530766
Ch	neck if 24-hour report 48-hour report New report	oort Amends repor	rt filed on	/ D = D / Y = Y = Y
	Full Name of Payee		Date of Public	c Distribution/Dissemination
	Cynthia N Schmit		11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2226 Taft Circle Apt 1		Amount	
	City State	Zip Code		22.50
	Winchester VA	22601		D: cc80eb82-a69b-434d-8 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11	17 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (sp	Primary
	Full Name of Payee		Date of Publi	ic Distribution/Dissemination
	Virginia T Grant		11	/ D D / Y Y Y Y Y Y 17 17 2014
	Mailing Address 134 Shore Crest Circle		Amount	
	City State	Zip Code		40.00
	Carrire MS	39426		D: 519f3da5-4c49-4fb1-9 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M - M 11	17 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (sp	Primary ⊠ General pecify) ►
_	(a) SUBTOTAL of Itemized Independent Expenditures		•	62.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	
	(c) TOTAL Independent Expenditures		<b>•</b>	1 7 1 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electroni	nically Filed] Date	12 / 04	/ Y Y Y Y Y Y Y 2014
	Signature			

TE	EMIZED INDEPENDENT EXPENDITURE	ΞS				9 OF 317 E 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICA	TION NUMBER ▼
۷	Vomen Speak Out PAC				C C0053076	6
Ch	heck if 24-hour report 48-hour report	New repo	port Amends repo		= M / D = D	/ Y = Y = Y = Y
_	Full Name of Payee Virginia T Grant				of Public Distribution	on/Dissemination
	Mailing Address 134 Shore Crest Circle			Amou	11 17	2014
				Amou		
	City Carrire	State MS	Zip Code 39426		ction ID : 50e9573	
	Purpose of Expenditure Mileage		Category/ Type 002		of Disbursement o	r Obligation  / Y Y Y Y Y Y Y Y 2014
	Name of Federal Candidate		Support	Office Sough	t: House	District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	t For: Prima	ary X General
	Full Name of Payee ERIC TABARY				of Public Distributi	/ Y = Y = Y = Y
	Mailing Address 6101 NORA ST			Amou	11 17 nt	2014
	City	State	Zip Code			60.00
	METAIRIE	LA	70003		ction ID : 50a525 of Disbursement of	
	Purpose of Expenditure Salary		Category/ Type 001		11 / 17	2014
	Name of Federal Candidate		Support	Office Sough	t: House	District:00
	Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	t For: Prim ther (specify) ▶ _	ary 🔀 General
	(a) SUBTOTAL of Itemized Independent Expendi	itures				68.70
	(b) SUBTOTAL of Unitemized Independent Exper					
	(b) SUBTUTAL OF OFFICE HILLS IN TRACE TO THE CONTROL OF OFFICE OF OFFICE OF OFFICE OFF	iuitures				
	(c) TOTAL Independent Expenditures			•	1 2 1 1 3	
	Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canc party committee) any political party committee or	didate or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	04 / Y	2014
	Signature		_			

TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 50 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Women Speak Out PAC		C C00530766
Cł	heck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
	Mailing Address		11 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6101 NORA ST		Amount
	City State	Zip Code	1.50
	METAIRIE LA	70003	Transaction ID: ed33df19-b9d1-487d-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Francesca Blom		11 17 2014
	Mailing Address 101 Asbury Ct		Amount
	City State	Zip Code	90.00
	Winchester VA	22602	Transaction ID: 4e2acc58-e79c-4302-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		91.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed]	12 04 2014
	Signature	Date	12 04 2514

# 17

Ms. Emily Buchanan

Signature

	SCHEDULE E (FEC Form 3X)							
TE	EMIZED INDEPENDENT EXPENDITURES					PAGE 51 FOR LINE 24	OF 317 FORM 3X	
	AME OF COMMITTEE (In Full)						N NUMBER ▼	
۷	Nomen Speak Out PAC				C	00530766		
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M /	D   D /	Y Y Y Y Y	
	Full Name of Payee Theresa a Youngblood				M M /	D D /	Dissemination	
	Mailing Address 102 S Main Street Apt A2			Amou	11 unt	17	2014	
	City	State	Zip Code	$ \Gamma$	-		80.00	
	Berryville	VA	22611			99def949-71 sement or Ob		
	Purpose of Expenditure Salary		Category/ Type 001		11 /	17	2014	
	Name of Federal Candidate		Support	Office Sough	ht:	House D	District:00	
	Ms. Mary L Landrieu		X Oppose	Presid	dent X	Senate	State: LA	
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursemer 2014	nt For:	Primary	X General	
	Full Name of Payee Julia Perry				of Public	Distribution/E	Dissemination 2014	
	Mailing Address 2046 Perrin St Apt C			Amo	unt			
	City	State	Zip Code		- 40		100.00	
	Shreveport	LA	71101			: <b>2855c73a-e</b> sement or Ol		
	Purpose of Expenditure Salary		Category/ Type 001	$\exists \mid \llbracket$	11 /	17	2014	
	Name of Federal Candidate		Support	Office Soug	ht:	House D	District: 00	
	Ms. Mary L Landrieu		Oppose	Presid	dent X	Senate	State: LA	
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disburseme 2014	nt For:	Primary	X General	
_								
	(a) SUBTOTAL of Itemized Independent Expenditure	∋s		· •	- -		180.00	
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		· •				
	(c) TOTAL Independent Expenditures			· [				
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						

[Electronically Filed]

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Date

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2014

	EMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
M	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	port Amends rep	ort filed	on Mam / Dad / Yayayay
	Full Name of Payee				Date of Public Distribution/Dissemination
	Julia Perry				11 / 17 / 2014
	Mailing Address 2046 Perrin St Apt C				Amount
	City	State	Zip Code		12.90
	Shreveport	LA	71101	-	Transaction ID: 4cb17c15-9e4b-4a9a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 / 17 / 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
	Carl Brent				MTM / DTD / YTYTY
	Mailing Address 6718 Lake Willow Dr				11 17 2014
	OF TO EARO WHICH S.				Amount
	City	State	Zip Code		80.00
	New Orleans	LA	70126		Transaction ID: a4611787-2221-4e58-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 17 2014
	Name of Federal Candidate		Support	Office	e Sought: House District:00
	Ms. Mary L Landrieu		Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	
_					Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	!S		··· <b>•</b>	92.90
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		···· <b>&gt;</b>	
					77
	(c) TOTAL Independent Expenditures			··· <b>&gt;</b>	
,	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]	he 12	2 04 2014
	Signature		Dat	ie 12	2014

TEMIZED INDEPENDENT EXPENDITURES	PAGE 53 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Carl Brent	e of Public Distribution/Dissemination
	11 17 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr Amor	unt
City State Zip Code	12.00
Date	saction ID: 869fc139-b0de-4735-9 e of Disbursement or Obligation
Purpose of Expanditure	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu  Ms. Mary L Landrieu  Presid	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary
Full Name of Payee Date	e of Public Distribution/Dissemination
Michael Vidrine	M = M / D = D / Y = Y = Y
Mailing Address 1103 West Wilson Street Amo	11 17 2014
	, unit
City State Zip Code	80.00
Date	saction ID: deb2cca3-8ff7-4fde-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 17 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu Presid	ident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
	2000
(a) SUBTOTAL of Itemized Independent Expenditures	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	04 2014

16	EMIZED INDEPENDENT EXPENDITURES			PAGE 54 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Vomen Speak Out PAC			FEC IDENTIFICATION NUMBER ▼  C C00530766
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street			Amount
Ì	City State Ville Platte LA	Zip Code 70586		30.90 Transaction ID: 8c52a14c-a217-488c-b
	Purpose of Expenditure Mileage	Category/ Type 002		Date of Disbursement or Obligation  11 17 2014
	Name of Federal Candidate  Ms. Mary L Landrieu	Support  Oppose	Office	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbu 2014	orsement For: Primary
	Full Name of Payee Jeanne Tribou  Mailing Address 22369 Ponderosa Dr.			Date of Public Distribution/Dissemination  11
	Mandeville LA	Zip Code 70471		40.00  Transaction ID: ed870f42-6e8a-4361-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001		11 / 17 / 2014
	Name of Federal Candidate  Ms. Mary L Landrieu	Support Oppose	Office	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		·· <b>•</b>	70.90
(	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	
	(c) TOTAL Independent Expenditures		·· <b>•</b>	
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•		•
		ically Filed] Date	<sub>e</sub> 12	2 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 55 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed c	on M = M / D = D / Y = Y = Y
	Full Name of Payee				Date of Public Distribution/Dissemination
	Jeanne Tribou				11 17 2014
	Mailing Address 22369 Ponderosa Dr.				Amount
	City S	State	Zip Code		6.90
	Mandeville L	LA	70471		Fransaction ID : 9d64e171-f66c-445e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 17 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburs 2014	sement For:
	Full Name of Payee				Date of Public Distribution/Dissemination
	Colton R Overcash				11 17 2014
	Mailing Address 121 Ohara Dr				Amount
	City	State	Zip Code		95.00
		NC	28147		Transaction ID : 5d686bd9-6553-475d-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 17 2014
	Name of Federal Candidate		Support	Office	Sought: House District:00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburs 2014	rsement For: Primary
•	(a) SUBTOTAL of Itemized Independent Expenditures			•	101.90
	(b) SUBTOTAL of Unitemized Independent Expenditure	}s		·· •	
_	(c) TOTAL Independent Expenditures			▶	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	<sub>a</sub> 12	
	Signature				

### S 17

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURE:	8			PAGE 56 OF 317
ILWIZED INDEPENDENT EXPENDITORES	3			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M=M / D=D / Y=Y=Y
Full Name of Payee				Date of Public Distribution/Dissemination
Colton R Overcash				M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 121 Ohara Dr				Amount
011	01-1-	7:- 0-1-		70.00
City Salisbury	State NC	Zip Code 28147	.	72.90 Transaction ID: 6768bb8a-c18d-4dee-8
,		20147		Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	505646.06	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Christine Stevens				11 17 2014
Mailing Address 100 Asbury Ct				Amount
Cit.	Otata	7:n Onda		70.00
City Winchester	State VA	Zip Code 22602		Transaction ID : 10493cd5-82b6-4d62-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation  11 17 2014
Name of Federal Candidate				Sought: House District: 00
Ms. Mary L Landrieu		Support	Office	r Sought
		X Oppose		Fresiderit Seriale State.
Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	2014	rsement For: Primary
_				
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶	142.90
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		▶	7 7
(c) TOTAL Independent Expenditures			·· <b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, M	

Date

# S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)					
ΓΙ	EMIZED INDEPENDENT EXPENDIT	JRES			PAGE 5	57 OF 317 E 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICA	ATION NUMBER ▼
۷	Vomen Speak Out PAC				C C0053076	6
Cł	neck if 24-hour report 48-hour report	ort New repo	ort Amends repo		/ D D	/ Y = Y = Y = Y
	Full Name of Payee Jazmine d Conner				of Public Distributi	
	Mailing Address				11 / 17	2014
	100 ASBURY CT			Amou	ınt	
	City WINCHESTER	State VA	Zip Code 22602	Transa	action ID : 67311c	60.00 <b>c0-15b0-4dfd-b</b>
	Purpose of Expenditure		Category/		of Disbursement of	/
	Salary		Type 001		11 17	2014
	Name of Federal Candidate  Ms. Mary L Landrieu		Support  Oppose	Office Sough		
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Sidle.
	Full Name of Payee				of Public Distribut	ion/Dissemination
	Jon E Conner				M M / D D D 17	/ Y Y Y Y Y 2014
	Mailing Address 100 Asbury Ct			Amou	unt	
	City	State	Zip Code	<b>—</b> Г:		60.00
	Winchester	VA	22602		of Disbursement	
	Purpose of Expenditure Salary		Category/ Type 001		11 / 17	2014
	Name of Federal Candidate		Support	Office Sough	ht: House	District:00
	Ms. Mary L Landrieu		Oppose	Presid	lent X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursemer 2014	nt For: Prim	ary X General
	(a) SUBTOTAL of Itemized Independent Exp	enditures		•	7	120.00
	(b) SUBTOTAL of Unitemized Independent E	xpenditures		• •		
	(c) TOTAL Independent Expenditures			•		, , ,
	Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized				

[Electronically Filed]

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Date

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2014

TE	EMIZED INDEPENDENT EXPENDITURES	<i>¥</i>			PAGE FOR	58 OF 317 LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIF	FICATION NUMBER ▼
٧	Vomen Speak Out PAC				C C0053	0766
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D =	D / Y = Y = Y = Y
	Full Name of Payee Rodney O Culbreath	,			M / D	ibution/Dissemination
	Mailing Address 100 Asbury Ct			Amou		7 2014
	City	State	Zip Code	—		70.00
	Winchester	VA	22602			9ef91-c001-4e55-9 ent or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M / D	
	Name of Federal Candidate		Support	Office Sough	t: Hou	use District: 00
	Ms. Mary L Landrieu		X Oppose	Preside		nate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursement 2014	t For: F	Primary General
	Full Name of Payee Rodney D Culbreth				M / D	ibution/Dissemination
	Mailing Address 100 Asbury CT			Amou	تا لت	20
	3200 Dam Neck Rd	State	Zip Code			70.00
	Winchester	VA	22602			3f00e-9d25-4186-8 ent or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M / D	7 2014
	Name of Federal Candidate		Support	Office Sough	t: Ho	use District:00
	Ms. Mary L Landrieu		X Oppose	Preside	ent X Ser	nate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	t For: F	Primary
	(a) SUBTOTAL of Itemized Independent Expenditure	'es		· -		140.00
	(b) SUBTOTAL of Unitemized Independent Expendit	itures		· • [	7	4
	(c) TOTAL Independent Expenditures			· •	1-7-1	7
	Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	late or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	04 /	2014
	Signature					

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SCHEDULE E (FEC TEMIZED INDEPENDEI			PAGE 59 OF 317
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In F Women Speak Out			FEC IDENTIFICATION NUMBER ▼
Women Speak Out	r AC		C C00530766
Check if 24-hour report	48-hour report New re	port Amends report	filed on
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination
Mailing Address 100 Asb	ury Ct		11
0''	0.1	7: 0 1	70.00
City Winchester	State VA	Zip Code 22602	70.00  Transaction ID : c1aa9ba3-02ec-4b34-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 17 2014
Name of Federal Candida	te	Support C	Office Sought: House District:00
Ms. Mary L Landrieu		∑ Oppose	President Senate State: LA
Calendar Year-To-Dat Per Election for Offic			Disbursement For: Primary X General 014 Other (specify) ▶
Full Name of Payee Michael B Fuhrma	ınn		Date of Public Distribution/Dissemination
Mailing Address 329 Colu	umbia St		Amount
City	State	Zip Code	30.00
Shreveport	LA	71104	Transaction ID: f044b2d1-44f9-4931-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 17 2014
Name of Federal Candida	ite	Support (	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Dat Per Election for Offic			Disbursement For:  Primary
(a) SUBTOTAL of Itemized	I Independent Expenditures		100.00
(b) SUBTOTAL of Unitemize	zed Independent Expenditures	······	
(c) TOTAL Independent Ex	xpenditures		
with, or at the request or s			at made in cooperation, consultation, or concert sither, or (if the reporting entity is not a political
Ms. Emily Buch	anan		M M / D D / Y Y Y

[Electronically Filed]

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Date

04

2014

TEMIZED INDEPENDENT EXPENDITURES		PAGE 60 OF 317
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Wollien Speak Out FAG		C C00530766
Check if 24-hour report 48-hour report New report		M / D = D / Y = Y = Y
Full Name of Payee Michael B Fuhrmann	M	of Public Distribution/Dissemination
Mailing Address 329 Columbia St	Amour	11 17 2014 nt
000	Tr. O. d.	4.00
	Zip Code 71104 Transac	4.20 ction ID : efd6794d-23e3-4209-b
		of Disbursement or Obligation
Purpose of Expenditure Mileage		11 17 7 2014
Name of Federal Candidate	Support Office Sought	t: House District: 00
Ms. Mary L Landrieu	X Oppose Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee	Date of	of Public Distribution/Dissemination
Timothy Foley	М	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace		11 17 2014
20073 Glefiblook Tefface	Amou	nt
City State Z	Zip Code	15.00
Sterling VA 2	20.00	ction ID: 1565c13f-a520-4a60-8 of Disbursement or Obligation
Purpose of Expenditure Salary		11 17 2014
Name of Federal Candidate	Support Office Sough	t: House District:00
Ms. Mary L Landrieu	X Oppose Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06 Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	19.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7 7 7
(c) TOTAL Independent Expenditures	······································	7 7
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	ally Filed] Date 12	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

# S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 61 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge		11 17 2014 Amount
	City State	Zip Code	100.00
	Gonzales LA	70737	Transaction ID: 6968fdd3-f2f6-434a-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 17 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Hannah J Landry  Mailing Address  1110 N Coolidge		11 / 17 / 2014
	1110 N Coolings		Amount
	City State	Zip Code	19.50
	Gonzales LA	70737	Transaction ID: 9accd929-4eb4-4e75-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 17 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 119.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

12

Date

04

2014

	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 62 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour re	report New repo	ort Amends repo		M / D D / Y B Y B Y
٦	Full Name of Payee			Date of	f Public Distribution/Dissemination
	Mary C Lee				11 17 2014
	Mailing Address 1030 N Coolidge Ave			Amount	
	City	State	Zip Code	-	100.00
	Gonzales	LA	70737		tion ID: 16962c86-27ea-4f0e-a f Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	11 17 2014
1	Name of Federal Candidate		Support	Office Sought:	: House District:00
	Ms. Mary L Landrieu		Oppose	Presider	
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Oth	For: Primary
	Full Name of Payee Mary C Lee			M	f Public Distribution/Dissemination
	Mailing Address 1030 N Coolidge Ave			Amoun	ıt
	City	State	Zip Code	-	19.50
	Gonzales	LA	70737		ction ID: b7384863-6341-481a-9 If Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M	11 17 2014
Ì	Name of Federal Candidate		Support	Office Sought:	: House District:00
	Ms. Mary L Landrieu		Oppose	Presider	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement 2014 Oth	For: Primary
	(a) SUBTOTAL of Itemized Independent E	Expenditures			119.50
(	(b) SUBTOTAL of Unitemized Independen	nt Expenditures		· •	7 7 7
	(c) TOTAL Independent Expenditures			· •	7 7 7
١	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 12	04 2014
	Signature		_ Date	′	

TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 63 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
 Ch	neck if 24-hour report 48-hour report New re	report Amends repor	rt filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Heather Ainsworth		11 17 2014
	Mailing Address 9685 Paula St		Amount
	City State	Zip Code	100.00
	Keithville LA	71047	Transaction ID : fe9dfc1e-b6cc-4067-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Heather Ainsworth		11 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9685 Paula St		Amount
	City State	Zip Code	15.60
	Keithville LA	71047	Transaction ID: e01e83d9-203f-41d0-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
-	(a) SUBTOTAL of Itemized Independent Expenditures		115.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
_	(c) TOTAL Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	ronically Filed] Date	12 04 2014
	Signature		

PAGE 64 OF 317 FOR LINE 24 OF FORM 3X								
FEC IDENTIFICATION NUMBER ▼								
C C00530766								
M = M / D = D / Y = Y = Y								
e of Public Distribution/Dissemination								
11 18 / 2014								
ount								
67.50								
saction ID : b6073003-8fc0-41f7-b e of Disbursement or Obligation								
11 18 / 2014								
ight: House District: 00								
sident X Senate State: LA								
nent For: Primary X General								
Other (specify) ▶								
te of Public Distribution/Dissemination								
11 / 18 / 2014								
nount								
17.37 saction ID : 390bd59a-f375-4994-9 te of Disbursement or Obligation								
11 18 2014								
ught: House District: 00								
sident X Senate State: LA								
nent For: Primary X General								
Other (specify)								

Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
vvoilleit Speak Out FAC	C C00530766		
Check if 24-hour report 48-hour report	port New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			11 18 2014
Mailing Address Split Oak Drive			11 18 2014
эріік Оак Бітіче			Amount
City	State	Zip Code	67.50
charlotte	NC	28227	Transaction ID: b6073003-8fc0-41f7-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calandar Voar To Data			Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		505646.06	2014 Other (specify)
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			11 18 2014
Mailing Address Split Oak Drive			
Opiit Oak Drive			Amount
City	State	Zip Code	17.37
charlotte	NC	28227	Transaction ID: 390bd59a-f375-4994-9  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary  General 2014  General
			Other (specify) F
(a) SUBTOTAL of Itemized Independent Ex	penditures		84.87
(b) SUBTOTAL of Unitemized Independent	Expenditures		·
(c) TOTAL Independent Expenditures			•
			7 7
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan			
	[Electron	nically Filed]	12 04 2014
Signature	[Electron	nically Filed] Date	12 04 2014

# SCHEDULE E (FEC Form 3X)

SCHEDULE (FEC FOIIII 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 65 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New re	eport Amends report fil	ed on Man / Dad / Yayayay
Full Name of Payee Joshua J Huffman  Mailing Address 211 Dixie Ave		Date of Public Distribution/Dissemination  11 18 2014  Amount
		Amount
City State	Zip Code	62.50
Harrisonburg VA	22801	Transaction ID: 6623a7d9-3453-47e5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06 Dis	sbursement For: Primary X General
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St		Amount
City State New Orleans LA	Zip Code 70188	60.00  Transaction ID: d996caa3-6039-4910-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 18 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	122.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	12 04 7 2014

	EMIZED INDEPENDENT EXPEN	DITURES			PAGE 66 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC I	IDENTIFICATION NUMBER ▼
۷	Women Speak Out PAC			C	C00530766
Cł	heck if 24-hour report 48-hour	r report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
_	Full Name of Payee Antoinette Franklin			M = M	lic Distribution/Dissemination
	Mailing Address 8822 Apple St			Amount	18 2014
	Oir.	Ctata	Zin Codo		12.00
	City New Orleans	State LA	Zip Code 70188		D: ad279371-feb5-4663-8 bursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:	Primary ⊠ General
	Full Name of Payee Tammay Williams			Date of Publ	lic Distribution/Dissemination
	Mailing Address 924 N. Prieur St			Amount	
	City	State	Zip Code		80.00
	New Orleans	LA	70116		ID: 3296874a-99c7-47ec-a pursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	11	18 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (s	Primary
	(a) SUBTOTAL of Itemized Independent	t Expenditures		<b>&gt;</b>	92.00
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		<b>&gt;</b>	7
	(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
	Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	3 12 04	2014
	Signature		_		

TE	EMIZED INDEPENDENT EXPENDITURES					AGE 67 OF 317 OR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDEN	NTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC				C co	0530766
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo		M /	D = D / Y = Y = Y
	Full Name of Payee Tammay Williams				_ M /	Distribution/Dissemination
	Mailing Address 924 N. Prieur St			Amou	11 nt	18 2014
	City	State	Zip Code			15.00
	New Orleans	LA	70116			4ef025f9-09e3-4865-a ement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 /	18 / 2014
	Name of Federal Candidate		Support	Office Sough	t:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursemen 2014 O	t For:	Primary X General
	Full Name of Payee			Date	of Public D	Distribution/Dissemination
	Francesca Blom			N	11 /	18 2014
	Mailing Address 101 Asbury Ct			Amou		
	City	State	Zip Code	—  [ <u>-</u>		75.00
	Winchester	VA	22602			69d643d0-95de-4105-a ement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 /	18 / 2014
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent X	
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursemen 2014	nt For: Other (spec	Primary ⊠ General
_	(a) SUBTOTAL of Itemized Independent Expenditures	∍s				90.00
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>.</b>		
	(c) TOTAL Independent Expenditures			· ·	7	
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	ate or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	04	2014
	Signature		_			

TE	EMIZED INDEPENDENT EXPENDI	TURES					PAGE 68 FOR LINE 24	OF 317 4 OF FORM 3X
	AME OF COMMITTEE (In Full)					FEC II	DENTIFICATIO	N NUMBER ▼
۷	Vomen Speak Out PAC					С	C00530766	
Ch	neck if 24-hour report 48-hour re	port New repo	ort Ame	ends repo	ort filed on	M = M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee				Date	of Publi	ic Distribution/[	Dissemination
	Eva M Johnston				[	M M M	18	2014
	Mailing Address 2517 N 47th St				Amo	unt		
	City	State	Zip Code		$-\Gamma$			25.00
	Milwaukee	WI	53210				D: 2e219066-8 ursement or O	
	Purpose of Expenditure Salary		Category/ Type	001		M M 11	18	2014
	Name of Federal Candidate		S	Support	Office Soug	ht:	House [	District: 00
	Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06		Disburseme 2014		Primary pecify) ▶	General
	Full Name of Payee				Date	of Publ	ic Distribution/	Dissemination
	Noah J Smith					M M M	18	2014
	Mailing Address 41174 Bertville Rd				Amo	unt		
	City	State	Zip Code		— r			25.00
	Gonzales	LA	70737				D: edc2187b-	
	Purpose of Expenditure Salary		Category/ Type	001		M M M	18	2014
	Name of Federal Candidate		S	Support	Office Soug	ght:	House I	District: 00
	Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	3	Disburseme 2014		Primary pecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Ex	rpenditures			• <u>[</u>			50.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures			, <u> </u>			
	(c) TOTAL Independent Expenditures				•		4	- 45
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	5 :	12	04	/ 2014	Y = Y
	Signature	LERCHON		Date	12	04	2012	

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)	IDEO			,	Г <b></b>	
	EMIZED INDEPENDENT EXPENDITU	RES				PAGE 69 FOR LINE 2	OF 317 4 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION	ON NUMBER ▼
٧	Vomen Speak Out PAC				C	C00530766	
CI	neck if 24-hour report 48-hour repor	rt New re	port Amends rep	ort filed on	M = M /	D   D /	Y W Y W Y
	Full Name of Payee Christopher Marquess			Date	of Public	Distribution/	Dissemination
	Mailing Address 110 W Pecan St			.	11	18	2014
				Amo	unt		
	City Ville Platte	State LA	Zip Code 70586			): <b>8022696e</b> -	
	Purpose of Expenditure Salary		Category/ Type 001		M M /	18	2014
	Name of Federal Candidate		Support	Office Soug	ıht:	House	District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent >	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme	ent For: Other (sp	Primary	X General
	Full Name of Payee Christopher Marquess  Mailing Address  110 W Pecan St			Amo	M M /	18	/Dissemination 2014
	City	State	Zip Code	$ \Gamma$			37.20
	Ville Platte	LA	70586			): 87b85ccb- ursement or (	
	Purpose of Expenditure Mileage		Category/ Type 002		M M M /	18	2014
	Name of Federal Candidate		Support	Office Soug	ght:	House	District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	dent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For: Other (sp	Primary	General
	(a) SUBTOTAL of Itemized Independent Expe	nditures		>		1 1 7	87.20
	(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		<b>-</b>	7		
	(c) TOTAL Independent Expenditures			··· <b>\</b>		1 1 7	
	Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize					

[Electronically Filed]

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Date

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2014

TE	EMIZED INDEPENDENT EXPENDITURES					AGE 70 OF 317 OR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDE	NTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C co	00530766
Ch	heck if 24-hour report 48-hour report	New repo	oort Amends repo		/ / / / / / / / / / / / / / / / / / /	D = D / Y = Y = Y = Y
	Full Name of Payee Christopher Marquess				и и /	Distribution/Dissemination
	Mailing Address 110 W Pecan St			Amou	11 unt	18 2014
	City	State	Zip Code	$  $ $\Gamma$		50.00
	Ville Platte	LA	70586			75ce202f-d427-4b98-b ement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 /	18 / 2014
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014	nt For: Other (spec	Primary
	Full Name of Payee			Date	of Public I	Distribution/Dissemination
	Christopher Marquess				M M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address			L	11	18 2014
	110 W Pecan St			Amou	unt	
	City	State	Zip Code	- $ $ $ $ $ $ $ $		37.20
	Ville Platte	LA	70586			409d2c50-fa67-404e-b ement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\exists \mid C$	11 /	18 / 2014
	Name of Federal Candidate		Support	Office Sough	ht:	House District:00
	Ms. Mary L Landrieu		X Oppose	Presid	lent X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursemer 2014	nt For:	Primary
	(a) SUBTOTAL of Itemized Independent Expenditure	əs		•		87.20
	(b) SUBTOTAL of Unitemized Independent Expendit	tures		·· •	-	7
	(c) TOTAL Independent Expenditures			· •	7	
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	04	2014
	Signature		_			

TEMIZED INDEPENDENT EXPENDITURES	PAGE 71 OF 317 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee Donna S Wilson  Mailing Address  4456 Country Hill Dr  City  State  Zip Code	e of Public Distribution/Dissemination  11		
	saction ID : ac0386eb-bef9-4f68-b		
	e of Disbursement or Obligation  11		
Name of Federal Candidate Support Office Sough	ght: House District: 00		
Ms. Mary L Landrieu	dent X Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014			
Full Name of Payee Donna S Wilson  Mailing Address  4456 Country Hill Dr	e of Public Distribution/Dissemination		
Amo	ount		
City State Zip Code	7.20		
Baton Houge	saction ID: 74885bd9-c4a5-44a2-9 e of Disbursement or Obligation		
Purpose of Expenditure Mileage  Category/ Type  002	11 18 2014		
Name of Federal Candidate Support Office Sough	ght: House District: 00		
Ms. Mary L Landrieu	- LA		
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:		
(a) SUBTOTAL of Itemized Independent Expenditures	17.20		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.			
Ms. Emily Buchanan [Electronically Filed] Date 12	04 2014		

	EMIZED INDEPENDENT EXPENDITURES		FOR LINE 24 OF FORM 3X		
	NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼				
۷	Vomen Speak Out PAC		C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed on M / D D / Y Y Y Y Y					
	Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination		
			11 18 2014		
	Mailing Address 220 Doucet Rd		Amount		
	City State	Zip Code	35.00		
	Lafayette LA	70503	Transaction ID: 078279d3-cd44-49ea-b Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
	Full Name of Payee		Date of Public Distribution/Dissemination		
	Francis Richardson		11 18 2014		
	Mailing Address 220 Doucet Rd		Amount		
	City State  Lafayette LA	Zip Code 70503	0.81 Transaction ID : 54b2e827-3946-42d2-8		
	Purpose of Expenditure	Cotogogy	Date of Disbursement or Obligation		
	Mileage	Category/ Type 002	11 18 / 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
_					
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) CURTOTAL of Heiteriand Index orders Francisco					
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures		<b>&gt;</b>		
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electroni	ically Filed]	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature	Date	12 04 2014		

TEMIZED INDEPENDENT EXPENDITURES	PAGE 73 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on MMM / DDD / YTYTY
Full Name of Payee Timothy Foley	Date of Public Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace	11 19 2014 Amount
City State Zip Code	
Sterling VA 20165	Transaction ID: a34ce1c1-22fd-4b72-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Categor Ty	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Colton R Overcash  Mailing Address 121 Ohara Dr	Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit.: State Zin Code	96.00
City State Zip Code Salisbury NC 28147	Transaction ID : b9f8b1bf-d659-4b38-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Categor Ty	ry/ 001 M M / D D / Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 50564	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	111.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed	d) Date 12 04 2014

Date

TEMIZED INDEPENDENT EXPENDITURES	PAGE 74 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee Colton R Overcash	Date of Public Distribution/Dissemination
Mailing Address 121 Ohara Dr	11 18 2014 Amount
<u> </u>	Alloun
City State Zip Code	65.70
Salisbury NC 28147	Transaction ID : 5d33a7c3-15a5-46dc-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Felicia A Jones	11 19 2014
Mailing Address 4106 Martha St	Amount
City State Zip Code	80.00
Shreveport LA 71109	Transaction ID : 817f5da6-f8a8-4dc5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu   Орроse	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	145.70
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent c party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	e 12 04 2014

Date

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	CHEDULE E (FEC Form 3X)  MIZED INDEPENDENT EXPENDITURES				PAGE 75	OF 317 4 OF FORM 3X
JΔ	ME OF COMMITTEE (In Full)					
	/omen Speak Out PAC			FEC	DENTIFICATIO	N NUMBER ▼
_				С	C00530766	
Ch	eck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed	on	/ D = D /	Y = Y = Y
	Full Name of Payee Felicia A Jones			Date of Pu	blic Distribution/I	Dissemination
	Felicia A Julies			11	19	2014
	Mailing Address 4106 Martha St			Amount		
	City State	Zip Code				8.40
	Shreveport LA	71109	7		n ID: dd400484-a sbursement or O	
	Purpose of Expenditure Mileage	Category/ Type 002		11	/ 19	2014
	Name of Federal Candidate					
	Ms. Mary L Landrieu	Support  Oppose		Sought: President	House I	District:00 State:LA
		Z oppose			<i>y</i>	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbur 2014	sement For Other	: Primary (specify) ▶	X General
	Full Name of Payee				ublic Distribution/	Dissemination
	Julia Perry			M M M	/ 19	2014
	Mailing Address 2046 Perrin St Apt C			Amount	ı i	
	City State	Zip Code				100.00
	Shreveport LA	71101	-		n ID: b8d973e8-sbursement or C	5e6d-49a0-9
	Purpose of Expenditure Salary	Category/ Type 001		M M M 11		2014
	Name of Federal Candidate	Support	Office	Sought:	House	District: 00
	Ms. Mary L Landrieu	∑ Oppose		President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbui 2014	rsement For	r: Primary (specify)	X General
				Other	(opcony) -	
	(a) SUBTOTAL of Itemized Independent Expenditures				T 1 1 7	108.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		▶		7 1 7	
	(c) TOTAL Independent Expenditures		▶		7 1 7	
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	Ms. Emily Buchanan		M	M / D	D / Y Y	Y

[Electronically Filed]

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Date

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TEMIZED	D INDEPENDENT EXPENDITURES				PAGE 76 OF 317 FOR LINE 24 OF FORM 3X
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	n Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends re	eport filed	d on Mam / Dab / Yayayay
	ame of Payee				Date of Public Distribution/Dissemination
Julia	Perry				11 19 2014
Mailing	Address 2046 Perrin St Apt C				Amount
City	Sta		Zip Code		10.50
Shrever			71101		Transaction ID : 2a6d7fa0-58dc-42e4-a Date of Disbursement or Obligation
Purpose Mileage	e of Expenditure e		Category/ Type 00	002	11 19 2014
Name o	of Federal Candidate		Support	t Office	e Sought: House District: 00
Ms. Ma	ary L Landrieu		X Oppose		President X Senate State: LA
	alendar Year-To-Date er Election for Office Sought		505646.06		ursement For: Primary X General
	ame of Payee stopher L Gilbert				Date of Public Distribution/Dissemination
	Address				11 18 2014
Mahing	Address 55 Lovell Johnson Rd				Amount
City	Str	ate	Zip Code		80.00
Picayu		<b>I</b> S	39466		Transaction ID : e61a59eb-20fd-4317-8  Date of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 00	01	11 18 2014
Name of	of Federal Candidate		Support	t Office	ee Sought: House District: 00
Ms. Ma	ary L Landrieu		X Oppose		President State: LA
	alendar Year-To-Date er Election for Office Sought		505646.06	Disbu 2014	pursement For: Primary X General
(a) SUB	BTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	90.50
(b) SUB	STOTAL of Unitemized Independent Expenditures			····· <b>&gt;</b>	
(c) TOTA	AL Independent Expenditures			······ <b>&gt;</b>	
with, or a	enalty of perjury I certify that the independent ex at the request or suggestion of, any candidate or mmittee) any political party committee or its agen	r authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	M 1	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	ature		D	Date	2 04 2014

### S IT

Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)	
EMIZED INDEPENDENT EXPENDITURES	PAGE 77 OF 317 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends rep	oort filed on
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination
·	11 / 18 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount
City State Zip Code	45.00
Picayune MS 39466	Transaction ID: 5db6da3e-1f74-4af0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Christine Stevens	11 18 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	70.00
Winchester VA 22602	Transaction ID: 4b0ab6d8-0ee4-4a81-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y
Туре	
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	··· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 78 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FE	EC IDENTIFICATION NUMBER V
V	Vomen Speak Out PAC		(	C00530766
Ch	neck if 24-hour report 48-hour report New rep	port Amends repor	ort filed on	M / D = D / Y = Y = Y
٦	Full Name of Payee		Date of I	Public Distribution/Dissemination
	Jon E Conner		M 11	M / D D / Y Y Y
	Mailing Address 100 Asbury Ct		Amount	
	City State	Zip Code		70.00
	Winchester VA	22602		on ID : 0ff1fa74-338b-4b46-b Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11	
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For 2014 Othe	or: Primary X General or (specify) ▶
	Full Name of Payee		Date of	Public Distribution/Dissemination
	Rodney D Culbreth		M 11	
	Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount	
	City State	Zip Code	—	70.00
	Winchester VA	22602		on ID: 49d8ee7d-0f1d-4a8e-b Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11	
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		<b>.</b>	140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7
_	(c) TOTAL Independent Expenditures		<b>.</b>	7 1 7 1 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	40	04
	Signature	_		

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 79 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
 Che	neck if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Ī	Full Name of Payee				Date of Public Distribution/Dissemination
Ì	Jazmine d Conner				11 18 2014
	Mailing Address 100 ASBURY CT				Amount
ı	City	State	Zip Code		70.00
Ì	· ·	VA	22602		Transaction ID : e98dbe52-d463-40b7-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate	,	Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbur 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
	Rze Culbreath				11 18 2014
	Mailing Address 100 Asbury Ct				Amount
Ì	1-00	25-1-	7.0.1.		70.00
Ì	City S Winchester	State VA	Zip Code 22602	,	70.00  Transaction ID: 59b39fe1-a7cb-4ebd-9  Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Name of Federal Candidate		Support	Office	e Sought: House District:00
Ĭ	Ms. Mary L Landrieu		X Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbui 2014	
_					Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures.			··· <b>•</b>	140.00
1	(b) SUBTOTAL of Unitemized Independent Expenditure	'es		▶	
(	(c) TOTAL Independent Expenditures			··· •	
١	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	te 12	2 04 2014
	Signature		_ Date	,	للنتا لنا ك

TE	EMIZED INDEPENDENT EXPENDI	TURES			PAGE 80 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC				C C00530766
Ch	eck if 24-hour report 48-hour re	port New repo	ort Amends rep	ort filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Rodney O Culbreath				Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct				11 18 2014 Amount
	City	State	Zip Code		70.00
	Winchester	VA	22602		Transaction ID : 65a04e44-cd69-494e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Alice K Salazar				Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St				Amount
	City	State	Zip Code		70.00
	Marshall	TX	75633		Transaction ID: 803475f4-f277-4e06-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 2014
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Ex	kpenditures		··· <b>•</b>	140.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		··· <b>•</b>	
	(c) TOTAL Independent Expenditures			··· <b>•</b>	
,	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
	Ms. Emily Buchanan	[F.lectron	ically Filed]	M	2 04 2014
	Signature	LERCHON	Dat	e 12	2 04 2014

# S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 81 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New report	rt Amends repo	ort filed on
	Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
	Mailing Address		11 18 2014
	605 W Houston St		Amount
		Zip Code	48.90
		75633	Transaction ID : 0135de0e-0191-44f3-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
	Full Name of Payee  Jessica R Resendiz		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		11 18 2014 Amount
	City.	7in Codo	90.00
		Zip Code 71047	Transaction ID : 8229d69a-0a32-416c-b
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	( ) QUETOTAL ( )		
	(a) SUBTOTAL of Itemized Independent Expenditures		. • 138.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·
	Under penalty of perjury I certify that the independent expenditures rwith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TEM	IIZED INDEPENDENT EXPENDI	TURES			PAGE 82 OF 317 FOR LINE 24 OF FORM 3X
	e of committee (In Full) omen Speak Out PAC				FEC IDENTIFICATION NUMBER ▼  C C00530766
Check	k if 24-hour report 48-hour re	eport New repo	ort Amends repo		M = M / D = D / Y = Y = Y
	ull Name of Payee Jessica R Resendiz			Date	e of Public Distribution/Dissemination
	failing Address 9685 Paula St				11 18 2014
				Amo	
	ceithville	State LA	Zip Code 71047		25.80 saction ID: 197d7433-1ed5-483a-9 e of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		11 / 18 / 2014
N	lame of Federal Candidate		Support	Office Soug	ght: House District: 00
Ν	/Is. Mary L Landrieu		Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For:  Primary
	Sheri J Peace			Date	e of Public Distribution/Dissemination
N	Mailing Address 9685 Paula St			Amo	
С	Dity	State	Zip Code		90.00
<u> </u>	Keithville	LA	71047		saction ID : 7c957ffd-22d2-4844-8 e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Sou	ght: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Presi	ident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent E	expenditures			115.80
(b)	) SUBTOTAL of Unitemized Independent	t Expenditures		·· •	4
(c)	TOTAL Independent Expenditures			· · _	7 7 7
witl	der penalty of perjury I certify that the index of the request or suggestion of, an arty committee) any political party commit	ny candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	M M M	04 2014
	Signature		Date	, 12	2014

TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 83 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Cł	heck if 24-hour report 48-hour report New re	eport Amends repor	rt filed on
	Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination
	Mailing Address 102 S Main Street Apt A2		11 18 2014
			Amount
	City State Berryville VA	Zip Code 22611	100.00 Transaction ID : 342a199b-22ce-4028-9
	Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Salary	Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Carl Brent		11 18 2014
	Mailing Address 6718 Lake Willow Dr		Amount
	City State	Zip Code	80.00
	New Orleans LA	70126	Transaction ID : 22f279b5-ebe9-481c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 18 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		180.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	onically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)			
ΓΙ	EMIZED INDEPENDENT EXPENDITURES		PAGE 84 OF FOR LINE 24 OF FO	317
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	
۷	Vomen Speak Out PAC		C C00530766	JEH V
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on M M M / D D / Y Y Y	Y
	Full Name of Payee Carl Brent  Mailing Address 6749 Leke Willow Dr		Date of Public Distribution/Dissemin	YY
	6718 Lake Willow Dr		Amount	
	City State	Zip Code	15	5.60
	New Orleans LA	70126	Transaction ID : 70615535-1f4f-4a4e  Date of Disbursement or Obligation	<b>-8</b>
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 18 / Y Y 201	
	Name of Federal Candidate	Support	Office Sought: House District: _	00
	Ms. Mary L Landrieu	X Oppose	President Senate State: _	LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary X G 2014 Other (specify) ▶	General
	Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemin	YY
	Mailing Address 4106 Martha St		Amount	
	City State	Zip Code	80	0.00
	Shreveport LA	71109	Transaction ID: cb8f1d4f-1e5b-4945  Date of Disbursement or Obligation	
	Purpose of Expenditure Salary	Category/ Type 001		14 Y
	Name of Federal Candidate	Support	Office Sought: House District: _	00
	Ms. Mary L Landrieu	Oppose	President Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary 2014  Other (specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 95.6	30
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

[Electronically Filed]

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Date

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 85 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends repo	rt filed on
Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination
	11 18 / 2014
Mailing Address 4106 Martha St	Amount
City State Zip Code	8.40
Shreveport LA 71109	Transaction ID : 34cecbcd-6acb-4d91-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination  11 18 2014
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	80.00
Shreveport LA 71104	Transaction ID : 3362366c-6bd2-4eb4-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M M / D D / Y Y Y

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 86 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee				Date of Public Distribution/Dissemination
	Gregory Green				11 / 18 / 2014
	Mailing Address 2506 Bolch Street				Amount
	City Sta	ate	Zip Code		43.20
	Shreveport LA		71104		Transaction ID: b3141f3f-609d-4f70-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	1	Category/ Type 002		11 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	-	Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
	Lilly Green				11 18 2014
	Mailing Address 205 Medallion Circle				Amount
	City Sta	ate	Zip Code		80.00
		_A	71119		Transaction ID: 4d532fa3-badf-4e2b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	I	Category/ Type 001		11 18 / 2014
	Name of Federal Candidate		Support	Office	e Sought: House District:00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures			▶	123.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	·		··· <b>•</b>	
				•	4 4
	(c) TOTAL Independent Expenditures			··· <b>•</b>	
	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	m 12	
	Signature				

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 87 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on
	Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination
	Mailing Address 205 Medallion Circle		11 18 2014
			Amount
	City State	Zip Code	54.30
	Shreveport LA	71119	Transaction ID: 62f4410c-6c72-4d7f-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
	Full Name of Payee  Jeanne Tribou		Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.		11 18 / 2014
	22000 Foliabilosa Bili		Amount
	City State	Zip Code	25.00
	Mandeville LA	70471	Transaction ID : aa9abab4-c79a-4cd4-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 18 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General  General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		79.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y Y

[Electronically Filed]

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Date

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TE	MIZED INDEPENDENT EXPENDIT	URES			PAGE 88 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour report	ort New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			Dat	te of Public Distribution/Dissemination
	Jeanne Tribou				11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ì	Mailing Address 22369 Ponderosa Dr.			Am	nount
Ì	City	State	Zip Code		7.80
	Mandeville	LA	70471		saction ID : 9c85cc03-f289-45c0-8 te of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 18 2014
1	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	Ms. Mary L Landrieu		Oppose		sident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursen 2014	nent For:
	Full Name of Payee Cynthia N Schmit			Da	te of Public Distribution/Dissemination
Ì	Mailing Address 2226 Taft Circle Apt 1			Am	nount
Ì	C-24				20.50
Ĭ	City Winchester	State VA	Zip Code 22601		22.50 nsaction ID : c4c36e8e-00d8-4c3e-a te of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 / 18 / 2014
Ì	Name of Federal Candidate		Support	Office Sou	ught: House District:00
Ī	Ms. Mary L Landrieu		Oppose	Pres	sident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursen 2014	nent For: Primary General Other (specify)
(	(a) SUBTOTAL of Itemized Independent Exp	penditures		•	30.30
(	(b) SUBTOTAL of Unitemized Independent E	Expenditures		··· <b>•</b>	
(	(c) TOTAL Independent Expenditures			•	
	Under penalty of perjury I certify that the inc	denendent expenditures	reported herein were	not made i	n cooperation, consultation, or concert
١	with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
	Ms. Emily Buchanan	[Electron:	ically Filed] Dat	M M M	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			·	

TE	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 89 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC			С	C00530766
Эh	eck if 24-hour report 48-hour re	report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y
٦	Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
	Cynthia J Christmas			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1731 Frenchmen St			Amount	
	City	State	Zip Code	— Г.	65.00
	New Orleans	LA	70116		n ID : 5b04a487-3b1a-4a5a-8 isbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	Date of Di	
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		∑ Oppose	President	X Senate State: LA
	Calendar Year-To-Date			Disbursement For	
	Per Election for Office Sought		505646.06	2014 Other	(specify) ▶
	Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
	Cynthia J Christmas			M = M 11	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1731 Frenchmen St			Amount	
					40.00
	City New Orleans	State LA	Zip Code 70116		12.00 n ID : bd443ed8-383a-415e-b
	Purpose of Expenditure		T-: , —		isbursement or Obligation
	Mileage		Category/ Type 002	11	17 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppose	President	Senate State: LA
	Calendar Year-To-Date		F0F646 06	Disbursement For 2014	or: Primary X General
	Per Election for Office Sought		505646.06		(specify) ▶
	(a) SUBTOTAL of Itemized Independent E	Expenditures		<b>.</b>	77.00
	(b) SUBTOTAL of Unitemized Independen	it Expenditures		· •	7 1 7 1 7 1
	(c) TOTAL Independent Expenditures			· •	7 7 7
1	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	12 0	14 2014
	Signature		_ · Date	نا لتا ل	

T	EMIZED INDEPENDENT EXPENDITURES		PAGE 90 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Women Speak Out PAC		C C00530766
- Cł	heck if 24-hour report 48-hour report New re	report Amends report	i filed on
	Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination
	Mailing Address 2150 Hope St		11 18 2014
			Amount
	City State New Orleans LA	Zip Code 70119	80.00
		70119	Transaction ID : d2b52d52-1f45-47bb-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Elvis Spears		11 18 2014
	Mailing Address 2150 Hope St		Amount
	City State	Zip Code	12.60
	New Orleans LA	70119	Transaction ID : 1eb6247d-0184-4782-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 18 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
_			
	(a) SUBTOTAL of Itemized Independent Expenditures		92.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electro	ronically Filed] Date	12 04 2014
	Signature	Date	

## SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 91 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amount
07	Ctata	Zin Ondo	100.00
City Keithville	State LA	Zip Code 71047	Transaction ID : 44428f79-f546-455e-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  11 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Support Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Heather Ainsworth  Mailing Address 9685 Paula St			Date of Public Distribution/Dissemination  11 18 2014  Amount
City	State	Zip Code	16.20
Keithville	LA	71047	Transaction ID: 77d1ac5a-eeac-48b8-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		▶ 116.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>)</b>
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	onically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 92 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	American Airlines		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 619616 MD 5675		Amount
	City State	Zip Code	244.20
	DW Airport TX	75261	Transaction ID : eba8fb66-cc8e-47b5-a Date of Disbursement or Obligation
	Purpose of Expenditure Travel	Category/ Type 004	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Greg Orman	X Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Orbitz		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 500 W Madison		Amount
	1000 City State	Zip Code	544.70
	Chicago IL	60661	Transaction ID : e9b56cf7-f8cc-4a91-9 Date of Disbursement or Obligation
	Purpose of Expenditure Travel	Category/ Type 004	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Greg Orman	∑ Oppose	President X Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: Primary General 2014
	To Library for Smoot Stagni		Other (specify) -
	(a) SUBTOTAL of Itemized Independent Expenditures		788.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 93 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	d on
Full Name of Payee Orbitz	Date of Public Distribution/Dissemination
Mailing Address 500 W Madison	11 19 2014 Amount
1000	Tinodit
City State Zip Code	544.70
Chicago IL 60661	Transaction ID: 0e2a29e5-63f1-49e6-b Date of Disbursement or Obligation
Purpose of Expenditure Travel  Category/ Type 004	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Dist 256632.98	oursement For: Primary General  Other (specify)
Full Name of Payee  Delta	Date of Public Distribution/Dissemination  11 19 2014
Mailing Address PO Box 20706	Amount
City State Zip Code	789.20
Atlanta GA 30320	Transaction ID : 266938ad-e29b-4c06-a Date of Disbursement or Obligation
Purpose of Expenditure Travel  Category/ Type  004	11 19 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought  Disl 256632.98	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1333.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3				
T	EMIZED INDEPENDENT EXPEN	DITURES			PAGE 94 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
١	Vomen Speak Out PAC			C	C00530766
Cl	neck if 24-hour report 48-hour	r report New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
	Full Name of Payee United Airlines			Date of P	ublic Distribution/Dissemination
				11 <sup>M</sup>	19 / 2014
	Mailing Address PO Box 66100			Amount	
	City	State	Zip Code		598.20
	Chicago	IL	60666		n ID: ca43f31e-22a0-457c-a isbursement or Obligation
	Purpose of Expenditure Travel		Category/ Type 004	11	19 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Mr. Greg Orman		Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement Fo	or: Primary X General (specify) ▶
	Full Name of Payee United Airlines			Date of P	Public Distribution/Dissemination
	United Amines			M 11	19 2014
	Mailing Address PO Box 66100			Amount	
	City	State	Zip Code		155.10
	Chicago	IL	60666		on ID : 6e0423e0-5600-4bc1-b Disbursement or Obligation
	Purpose of Expenditure Travel		Category/ Type 004	11	19 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Mr. Greg Orman		Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement Fo	or: Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures		<b>•</b>	753.30
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	7 1 7 1 7
	(c) TOTAL Independent Expenditures			•	71171171
	Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 95 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	ort Amends report	t filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee Enterprise		Date of Public Distribution/Dissemination
Litterprise		11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Corporate Park Dr		Amount
City State	Zip Code	3759.80
St Louis MO	63105	Transaction ID: 89318e7c-dd5c-4a2d-9 Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type 004	11 19 / 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Enterprise		11 19 / 2014
Mailing Address 600 Corporate Park Dr		Amount
City State	Zip Code	3615.41
St Louis MO	63105	Transaction ID: 5f6bbd71-9095-4f4f-b  Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type 004	11 19 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	286951.71	2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		7375.21
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPENDITURES	PAGE 96 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out 1 AS	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M
Zachary Vidrine	of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun	11 18 / 2014
Amour	
City State Zip Code	70.00
Date of	ction ID : de0b5c75-6659-457a-8 of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 18 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	of For: Primary X General Other (specify) ▶
Full Name of Payee Date of	of Public Distribution/Dissemination
Zachary Vidrine	11 18 2014
Mailing Address 202 Rue Des Cajun Amou	
State Zin Code	18.90
Ville Flatte	action ID : bfed14a7-9a28-4668-b of Disbursement or Obligation
Purpose of Expenditure	11 18 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 O	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	88.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	04 2014

## 17

	SCHEDULE E (FEC Form 3X)						
Ti	EMIZED INDEPENDENT EXPENDITURES		PAGE 97 OF 317 FOR LINE 24 OF FORM 3X				
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
۷	Nomen Speak Out PAC		C C00530766				
- Cł	heck if 24-hour report 48-hour report New report	port Amends repo	ort filed on				
_	Full Name of Payee		Date of Public Distribution/Dissemination				
	Krista J Smith		11 19 / 2014				
	Mailing Address 41176 Bertville Rd		Amount				
	City State	Zip Code	25.00				
	Gonzales LA	70737	Transaction ID : 2fc10540-1ba3-4328-a Date of Disbursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary				
	Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination				
	Mailing Address 41176 Bertville Rd		Amount 19 2014				
	City State	Zip Code	4.74				
	Gonzales LA	70737	Transaction ID : 089319d2-60ee-402f-b  Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	Oppose	President Senate State: LA				
,	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures		> 29.74				
	(b) SUBTOTAL of Unitemized Independent Expenditures		- >				
	(c) TOTAL Independent Expenditures						
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						
	Ms. Emily Buchanan		M M / D D / Y Y Y				

[Electronically Filed]

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Date

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	MIZED INDEPENDENT EXPENDITURES		PAGE 98 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)  /omen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼  C C00530766
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on M = M / D = D / Y = Y = Y
T	Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination
Ī	Mailing Address 205 Medallion Circle		Amount
ŀ	City State	Zip Code	40.00
	Shreveport LA	71119	Transaction ID : 6df38875-9e93-462e-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Support Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
	Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination  11 19 2014
	Mailing Address 205 Medallion Circle		Amount
ŀ	City State	Zip Code	50.10
	Shreveport LA	71119	Transaction ID: e430e533-4c15-402b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District:00
-	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		> 90.10
(	(b) SUBTOTAL of Unitemized Independent Expenditures		·
(	(c) TOTAL Independent Expenditures		•
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	Ms. Emily Buchanan [Electronic	ically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	_ Date	

## SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 99 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	report Amends repo	ort filed on
Full Name of Payee Laura U Logie  Mailing Address 2565 Shire Circle			Date of Public Distribution/Dissemination  11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	20.00
Harrisonburg	VA	22801	Transaction ID: bdada3ea-3990-4889-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 19 2014
Name of Federal Candidate  Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00  President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Carla K Pilgreen  Mailing Address 212 Stonecliff Dr			Date of Public Distribution/Dissemination  11 19 2014  Amount
City West Monro	State LA	Zip Code 71291	35.00 Transaction ID : 729b1b0a-bf63-4205-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  11 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		> 55.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •
(c) TOTAL Independent Expenditures			. •
	ididate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	ronically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				P	AGE 100	OF 317
					OR LINE 24 (	• •
NAME OF COMMITTEE (In Full)				FEC IDE	NTIFICATION	NUMBER ▼
Women Speak Out PAC				C co	0530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D D / Y	- Y - Y - Y
Full Name of Payee Carla K Pilgreen			Da	te of Public D	Distribution/Dis	semination
Mailing Address 212 Stonecliff Dr				11	19	2014
			Arr	nount		
City	State	Zip Code				6.90
West Monro	LA	71291			498afd91-03e ement or Oblig	
Purpose of Expenditure Mileage		Category/ Type 002		11 /	19 / Y	2014
Name of Federal Candidate		Support	Office Sou	rapt.	House Dis	trict: 00
Ms. Mary L Landrieu		X Oppose		•		tate: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursen 2014	nent For:	Primary ify) ▶	X General
Full Name of Payee			Da	te of Public [	Distribution/Dis	semination
Bobbie M Steinsholt				M M /	19 / Y	2014
Mailing Address 3009 Skelly St			An	nount		
City	State	Zip Code	-			10.00
Shreveport	LA	71107			ab7d65ae-b8e ement or Obli	
Purpose of Expenditure Salary		Category/ Type 001		11 /	19 / Y	2014
Name of Federal Candidate		Support	Office So	uaht:	House Dis	trict: 00
Ms. Mary L Landrieu		Oppose		sident X		tate: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburser 2014	nent For:	Primary bify) ▶	X General
( ) CURTOTAL of language lands and out Europe ditures						10.00
(a) SUBTOTAL of Itemized Independent Expenditures			· · ·	7	7	16.90
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	M M M	/ D D D 04	2014	Y

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	CHEDULE E (FEC Form 3X)		
	EMIZED INDEPENDENT EXPENDITURES		PAGE 101 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
CI	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jenny N Brown		11 19 2014
	Mailing Address 1270 Lovelady Rd		Amount
	City State	Zip Code	40.00
	West Monroe LA	71292	Transaction ID : b383f66c-b0d7-4483-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination
	Mailing Address 1270 Lovelady Rd		11 19 2014  Amount
	City State	Zip Code	7.50
	West Monroe LA	71292	Transaction ID : 0edf8571-c04c-496f-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General  2014  Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		47.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 102 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
v	vomen opeak out i Ao		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination
	Mailing Address 3009 Skelly St		11 19 2014  Amount
	City State	Zip Code	10.00
	Shreveport LA	71107	Transaction ID : ebd190dc-e962-4698-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination  11 19 2014
	Mailing Address 3009 Skelly St		Amount
	City State	Zip Code	3.90
	Shreveport LA	71107	Transaction ID : 3cdc6158-9566-4569-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General   2014  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		13.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

[Electronically Filed]

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Date

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EMIZED INDEPENDENT EXPENDITURES	PAGE 103 OF 317
TAME OF COMMITTEE (L. F. II)	FOR LINE 24 OF FORM 3X
MAME OF COMMITTEE (In Full)  Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee Susan K Hamby	Date of Public Distribution/Dissemination
,	11 19 / 2014
Mailing Address 202 Violet St	Amount
City State Zip Code	20.00
West Monroe LA 71292	Transaction ID: dd54fe30-5945-46c6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Susan K Hamby	11 19 2014
Mailing Address 202 Violet St	Amount
City State Zip Code	0.45
West Monroe LA 71292	Transaction ID: 9fbcea36-8908-4f1f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) CURTOTAL of Hamiltonia Indonesia dest Funcionalitaria	00.45
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 20.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

# S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 104 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.		11 19 2014 Amount
	City State Mandeville LA	Zip Code 70471	40.00 Transaction ID : b2b57eb9-962f-400d-8
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
	Full Name of Payee  Jeanne Tribou  Mailing Address  22369 Ponderosa Dr.		Date of Public Distribution/Dissemination  M M M / 19 / Y Y Y Y Y  Amount
	Citv State	Zin Codo	5.70
	City State  Mandeville LA	Zip Code 70471	Transaction ID : 123d9114-d263-446e-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		45.70
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 105 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Amanda Boley			Date of Pu	ublic Distribution/Dissemination
			11	19 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		81.50
charlotte	NC	28227		n ID : 98afe913-8017-4ba1-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Support Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For 2014 Other	
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Amanda Boley			11	19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount	
07.	21-12	7:- O-do		23.61
City charlotte	State NC	Zip Code 28227		23.61 n ID: 1fb7e4ab-76f9-4156-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Di	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For 2014 Other	
				(
(a) SUBTOTAL of Itemized Independent Expenditures.			•	105.11
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
				***************************************
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed]	M M / D 0	
Signature		Date	12	4 2014

	EMIZED INDEPENDENT EXPENDITORES		FOR LINE 2	4 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION	ON NUMBER ▼
W	Vomen Speak Out PAC	C C00530766		
			O THE	
Ch	eck if 24-hour report 48-hour report New report	ort Amends repo	t filed on	Y Y Y Y Y
	Full Name of Payee Gregory Green		Date of Public Distribution/	Dissemination
	Gregory Green		11 / 19	2014
	Mailing Address 2506 Bolch Street		Amount	
	City State	Zip Code		40.00
	Shreveport LA	71104	Transaction ID: e84da8b8- Date of Disbursement or C	
	Purpose of Expenditure Salary	Category/ Type 001	11 / 19	2014
	Name of Federal Candidate	Support	Office Sought: House	District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary 2014 Other (specify) ▶	X General
	Full Name of Payee		Date of Public Distribution	Dissemination
	Gregory Green		11 / 19	2014
	Mailing Address 2506 Bolch Street		Amount	
	City State	Zip Code		17.10
	Shreveport LA	71104	Transaction ID: 18789041- Date of Disbursement or 0	d721-439e-8
	Purpose of Expenditure Mileage	Category/ Type 002	11 19	2014
	Name of Federal Candidate	Support	Office Sought: House	District:00
	Ms. Mary L Landrieu	X Oppose	President X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures			57.10
	, ,		7	- 45
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
	(c) TOTAL Independent Expenditures		<b>•</b>	
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•		·
	Ms. Emily Buchanan [Electroni	ically Filed]	M M / D D / Y Y 12 201	4 Y
	Signature	Date		

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 107 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	rt Amends repor	t filed on
	Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		11 19 2014 Amount
	City State 2	Zip Code	95.00
	Keithville LA	71047	Transaction ID: 0f36fd53-84ea-4f34-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
	Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		Amount
	City State 2	Zip Code	16.80
		71047	Transaction ID: 270cf308-d310-4b16-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		111.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

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Date

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16	EMIZED INDEPENDENT EXPENDITURES			PAGE 108 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Vomen Speak Out PAC			FEC IDENTIFICATION NUMBER ▼  C C00530766
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination
	Mailing Address 345 Auroura Ave			Amount
	City State Metairie LA	Zip Code 70006		35.00  Transaction ID: b007ffe1-6fd9-41b2-9  Date of Disburgement or Obligation
Ì	Purpose of Expenditure Salary	Category/ Type 001		Date of Disbursement or Obligation  11 19 2014
	Name of Federal Candidate  Ms. Mary L Landrieu	Support  Oppose		Sought: House District: 00  President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbur 2014	rsement For:  Primary
	Full Name of Payee Beau Autin  Mailing Address 345 Auroura Ave			Date of Public Distribution/Dissemination  11 19 7 2014  Amount
	City State Metairie LA	Zip Code 70006		1.11  Transaction ID: 40c361d0-4d19-4ab3-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002		11 / 19 / 2014
	Name of Federal Candidate  Ms. Mary L Landrieu  Colondon Vent To Date	Support Oppose		President Senate State: LA  President Primary Senaral
	Calendar Year-To-Date Per Election for Office Sought	505646.06	2014	orsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures		r	36.11
	(c) TOTAL Independent Expenditures			
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•		•
		nically Filed] Date	e 12	2 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form				
Т	EMIZED INDEPENDENT EXPE	NDITURES			PAGE 109 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
١	Nomen Speak Out PAC			C	C00530766
С	heck if 24-hour report 48-hour	ur report New re	port Amends repo	ort filed on	/ D   D   / Y   Y   Y   Y
	Full Name of Payee Alice K Salazar			Date of F	Public Distribution/Dissemination
	Alice N Galazai			11	19 / 2014
	Mailing Address 605 W Houston St			Amount	
	City	State	Zip Code		80.00
	Marshall	TX	75633		on ID: c59f4a75-641c-4bdb-9 Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	11	19 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For 2014 Other	or: Primary
	Full Name of Payee			Date of F	Public Distribution/Dissemination
	Alice K Salazar			M 11	
	Mailing Address 605 W Houston St			Amount	
	City	State	Zip Code		50.40
	Marshall	TX	75633		on ID: 562be618-689d-4235-8 Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M 11	M / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For 2014 Othe	or: Primary
	(a) SUBTOTAL of Itemized Independe	nt Expenditures			130.40
					7 7 7
	(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		·· •	7 1 7 1 7
	(c) TOTAL Independent Expenditures			·	7 7
	Under penalty of perjury I certify that with, or at the request or suggestion or party committee) any political party cor	f, any candidate or authorize			

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12

Date

04

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 110 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination
Julia Ferry		11 19 2014
Mailing Address 2046 Perrin St Apt C		Amount
City State Zip 0	Code	80.00
Shreveport LA 711	01	Transaction ID : b9b51457-7230-46b3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Car	tegory/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 50	Disb 2014	ursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Julia Perry		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C		Amount
City State Zip	Code	7.50
Shreveport LA 711	01	Transaction ID: a8885d64-6917-455d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Car	tegory/ Type 002	11 19 / 2014
Name of Federal Candidate	Support Office	e Sought: House District:00
Ms. Mary L Landrieu	∑ Oppose □	President State: LA
Calendar Year-To-Date		ursement For: Primary X General
Per Election for Office Sought 50	05646.06 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		

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party committee) any political party committee or its agent.

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)			
EMIZED INDEPENDENT EXPENDITUI	RES		PAGE 111 OF 317 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)			
Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
			C C00530766
heck if 24-hour report 48-hour report	New	report Amends repo	ort filed on
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination  11 19 2014
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	100.00
Keithville	LA	71047	Transaction ID : c38de1d4-a481-44c5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee  Jessica R Resendiz			Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St			11 19 2014
9003 Faula St			Amount
City	State	Zip Code	26.10
Keithville	LA	71047	Transaction ID : aa138cf9-bce1-4de9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		. 126.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
			not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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Date

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Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 112 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee Ana L Esquivel	Date of Public Distribution/Dissemination
Ana E Esquivei	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401	Amount
City State Zip Code	60.00
Carthage TX 75633	Transaction ID : d1439af9-3af3-42f9-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 00	11 19 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Hilary Townsend  Mailing Address 4506 US Livry 70 North	11 19 / 2014
4506 US Hwy 79 North	Amount
City State Zip Code	60.00
Deberry TX 75639	Transaction ID : 9d9b85e3-ce40-4a54-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 00	11 19 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: Primary General 2014 Other (appoint)
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7
(c) TOTAL Independent Expenditures	······ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 113 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination
	Mailing Address		11 19 / 2014
	9685 Paula St		Amount
	City State	Zip Code	110.00
	Keithville LA	71047	Transaction ID: 394d6fd7-c309-4558-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee  Heather Ainsworth		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		11 / 19 / 2014
			Amount
	City State Keithville LA	Zip Code 71047	49.80 Transaction ID : 618762ab-442f-4288-b
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General  2014  Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		> 159.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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Date

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PAGE	-	_	F 3'	
FOR	LINE	24 OF	FORM	И 3X

			FOR LINE 24 OF FORM 3X
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC		C C00530766
Check	c if 24-hour report 48-hour report New report Am	nends repor	rt filed on
	ull Name of Payee		Date of Public Distribution/Dissemination
	Faylor De Julian-Hernandez		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
IVI	284 Cr 1401		Amount
С	ity State Zip Code		60.00
	arthage TX 75633		Transaction ID : 73ed2f8f-747f-40be-8 Date of Disbursement or Obligation
	urpose of Expenditure Category/ Type		11 19 / 2014
Ν	ame of Federal Candidate	Support	Office Sought: House District:00
M	ns. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.00	6	Disbursement For: Primary General 2014 Other (specify) ▶
	Name of Payee Taylor De Julian-Hernandez		Date of Public Distribution/Dissemination
N	failing Address 284 Cr 1401		Amount
С	State Zip Code		43.80
	Carthage TX 75633		Transaction ID: 878cf3ab-883f-4c63-9  Date of Disbursement or Obligation
_	rurpose of Expenditure  Mileage  Category/ Type		11 / 19 / 2014
N	ame of Federal Candidate	Support	Office Sought: House District:00
N	As. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.0	)6	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures		. ▶ 103.80
(b)	SUBTOTAL of Unitemized Independent Expenditures		•
(c)	TOTAL Independent Expenditures		•
with	der penalty of perjury I certify that the independent expenditures reported he h, or at the request or suggestion of, any candidate or authorized committee ty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	12 04 2014
	Signature		

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 115 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends rep	port filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lesley Lennox	11 19 / Y Y Y Y
Mailing Address 2305 Cleary Ave	Amount
City State Zip Code	20.00
Metairie LA 70001	Transaction ID: 1b5e6121-4878-40ec-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	1 11 19 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: Primary
Full Name of Payee Lesley Lennox	Date of Public Distribution/Dissemination  11 19 2014
Mailing Address 2305 Cleary Ave	Amount
City State Zip Code	1.20
Metairie LA 70001	Transaction ID: ec41b26f-f85a-4864-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	2 11 19 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary  General   2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	···· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M M / D D / V V V

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Date

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Ms. Emily Buchanan

Signature

	HEDULE E (FEC Form 3X)		
ΤΕ	MIZED INDEPENDENT EXPENDITURES		PAGE 116 OF 317 FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	omen Speak Out PAC		
			C C00530766
Che	eck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on
	Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination
			11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9425 Jessica Drive		Amount
ı	City State	Zip Code	47.50
	Shreveport LA	71106	Transaction ID : d5c66a2f-f1c2-45ec-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
ı	Full Name of Payee		Date of Public Distribution/Dissemination
	Gary W Fuhrmann		11 19 2014
	Mailing Address 9425 Jessica Drive		Amount
	City State	Zip Code	9.60
	Shreveport LA	71106	Transaction ID: b972a626-18f1-41b6-a  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
١	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		57.10
(	(b) SUBTOTAL of Unitemized Independent Expenditures		· •
(	(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

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party committee) any political party committee or its agent.

•	mage# 14952957880				
	HEDULE E (FEC Form 3) MIZED INDEPENDENT EXPEND			PAGE 117 OF 317	
	mees moei ensem exi en	THORIES		FOR LINE 24 OF FORM 3X	
VAN	IE OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
W	omen Speak Out PAC			C C00530766	
Che	ck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on M = M / D = D / Y = Y = Y	
Т	Full Name of Payee			Date of Public Distribution/Dissemination	
ı	Laura U Logie			11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 2565 Shire Circle			Amount	
ŀ	City	State	Zip Code	35.00	
- 1	Harrisonburg	VA	22801	Transaction ID : ed77a3aa-bced-43c1-a Date of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001	11 / 19 / 2014	
	Name of Federal Candidate		Support	Office Sought: House District:00	
	Ms. Mary L Landrieu		X Oppose	President Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary  General  2014  Other (specify) ▶	
	Full Name of Payee Donavon Fusilier			Date of Public Distribution/Dissemination	
	Mailing Address 155 Chauffpied Elmer I	Rd Lot 19		Amount	
ŀ	City	State	Zip Code	25.00	
	Marksville	LA	71351	Transaction ID : c207162c-5d25-4a1d-a Date of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001	11 19 / 2014	
ľ	Name of Federal Candidate		Support	Office Sought: House District: 00	
	Ms. Mary L Landrieu		X Oppose	President Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(;	a) SUBTOTAL of Itemized Independent	Expenditures			
•	,				
(l	<ul> <li>SUBTOTAL of Unitermized Independe</li> </ul>	nt Expenditures		•	
(0	e) TOTAL Independent Expenditures				

Ms. Emily Buchanan [Electronically Filed] 04 2014 Date Signature

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 118 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee  Donavon Fusilier		Date of Public Distribution/Dissemination
	Mailing Address		11 19 / 2014
	155 Chauffpied Elmer Rd Lot 19		Amount
	City State	Zip Code	8.43
	Marksville LA	71351	Transaction ID : e10ad50a-534c-4dc5-8  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination
	Mailing Address 55 Lovell Johnson Rd		11 / 19 / 2014
	35 Edvell Soff Nu		Amount
	City State	Zip Code	80.00
	Picayune MS	39466	Transaction ID : 0fe95509-9b07-4698-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		88.43
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •
	4.) <del></del>		
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized		
	party committee) any political party committee or its agent.		

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Date

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SCHEDULE E (FEC Form 3X)	410 01 <del>-</del>
TEMIZED INDEPENDENT EXPENDITURES	PAGE 119 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amer	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher L Gilbert	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 Lovell Johnson Rd	Amount
City State Zip Code	44.40
Picayune MS 39466	Transaction ID : e0935820-8366-4d6c-b
Purpose of Evpanditure	Date of Disbursement or Obligation
Mileage Category/ Type	002 11 19 7 2014
Name of Federal Candidate Su	upport Office Sought: House District: 00
Ms. Mary L Landrieu	ppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Felicia A Jones	11 19 2014
Mailing Address 4106 Martha St	Amount
City State Zip Code	80.00
Shreveport LA 71109	Transaction ID : f122f11c-b704-475c-b
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Salary	001 11 19 2014
Name of Federal Candidate Su	upport Office Sought: House District: 00
Ms. Mary L Landrieu	ppose President X Senate State: LA
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 505646.06	2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	124.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms Emily Ruchanan	

[Electronically Filed]

Date

2014

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 120 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination
	Mailing Address 4106 Martha St		11 19 2014 Amount
	City State Shreveport LA	Zip Code	11.10 Transaction ID : ac257667-c0ae-4b86-9
	Cevspen	71109	Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Tammay Williams  Mailing Address		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	924 N. Prieur St		Amount
	City State	Zip Code	80.00
	New Orleans LA	70116	Transaction ID : ba4be977-1dcd-4fbb-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 91.10
	` '		7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures		-
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 121 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
V	vomen Speak Out FAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination
	Mailing Address 924 N. Prieur St		11 19 2014 Amount
	City.	7:- Cada	15.00
	City State New Orleans LA	Zip Code 70116	Transaction ID: 838f5939-0487-43ba-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination  11 19 2014
	Mailing Address 8822 Apple St		Amount
	City State	Zip Code	60.00
	New Orleans LA	70188	Transaction ID: bd0b2b5f-4866-496c-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		75.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y Y

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 122 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on
	Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
	Mailing Address		11 19 2014
	8822 Apple St		Amount
	City State New Orleans LA	Zip Code 70188	12.00 Transaction ID: e854d49f-1bac-42bf-b
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination
	Mailing Address 2226 Taft Circle Apt 1		11 / 19 / 2014
			Amount
	City State Winchester VA	Zip Code 22601	30.00  Transaction ID: c7b4691a-e052-45a6-9  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General  General  Other (specify) ▶
	(a) CURTOTAL of hamined lader and art Funce ditures		40.00
	(a) SUBTOTAL of Itemized Independent Expenditures		42.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· <b>&gt;</b>
	(c) TOTAL Independent Expenditures		-
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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1 =	EMIZED INDEPENDENT EXPENDITURES		PAGE 123 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC		C C00530766
Che	eck if 24-hour report 48-hour report New report	ort Amends repor	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Zachary Vidrine		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 202 Rue Des Cajun		Amount
	City State	Zip Code	30.00
	Ville Platte LA	70586	Transaction ID : 6c8f7265-1930-4a4c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 2014
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
Ì	Zachary Vidrine		11 19 2014
	Mailing Address 202 Rue Des Cajun		Amount
	City State	Zip Code	17.10
Ĭ	Ville Platte LA	70586	Transaction ID : 5a30d74a-e00e-4ccd-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 19 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary General 2014
	Tot Liberton Chief Coag		Other (specify) -
(	(a) SUBTOTAL of Itemized Independent Expenditures		• 47.10
(	(b) SUBTOTAL of Unitemized Independent Expenditures		-
	(c) TOTAL Independent Expenditures		
			45 45 45
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	Ms. Emily Buchanan [Electroni	ically Filed]	12 04 2014
	Signature	Date	, 12 04 2014

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 124 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination
Joshua J Hullillan		11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 211 Dixie Ave		Amount
City State	Zip Code	55.00
Harrisonburg VA	22801	Transaction ID : 3c275085-f806-47ba-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Stephanie L Heun  Mailing Address 1992 S Wilwood Dr Apt 191		11 19 / 2014
8026 S Wilwood Dr Apt 101		Amount
City State	Zip Code	10.00
Oak Creek WI	53154	Transaction ID : 56d7167a-463d-46ca-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 19 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date	505040.00	Disbursement For: Primary General
Per Election for Office Sought	505646.06	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		▶ 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		. •
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	3		PAGE 125 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination  11 19 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount
City	State	Zip Code	67.50
Carriere	MS	39426	Transaction ID : 7e59fc97-f9ea-4a89-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee  Jennifer F Gilbert  Mailing Address  180 McNeil Steep Hollow Rd		Date of Public Distribution/Dissemination  11 19 2014  Amount	
City	State	Zip Code	41.40
Carriere	MS	39426	Transaction ID : aeb04024-3876-4c4c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		• 108.90
(b) SUBTOTAL of Unitemized Independent Expendent	litures		·
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan	[Electro	onically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

### SCHEDULE E (FEC Form 3X)

SCILLOLL (FLC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 126 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amenda	Is report filed on Mam / Dad / Yayayay
Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination  11 19 2014
Mailing Address 1110 N Coolidge	Amount
City State Zip Code	70.00
Gonzales LA 70737	Transaction ID : a157c676-151e-4250-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination  11
Mailing Address 1110 N Coolidge	Amount
City State Zip Code Gonzales LA 70737	Transaction ID : 5de2c40e-3e08-4a77-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary  General   2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	91.09
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 12 04 2014

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	CHEDULE E (FEC Form 3X)  MIZED INDEPENDENT EXPENDITURES		PAGE 127 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
V	vomen Speak Out FAC		C C00530766
Cł	eck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination
	Mailing Address 1030 N Coolidge Ave		11 19 2014
			Amount
	City State	Zip Code	70.00
	Gonzales LA	70737	Transaction ID : c6f4cf20-6e4f-4ccd-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
	Full Name of Payee  Mary C Lee		Date of Public Distribution/Dissemination  11 19 2014
	Mailing Address 1030 N Coolidge Ave		Amount
	City State	Zip Code	21.09
	Gonzales LA	70737	Transaction ID : c170c421-928e-40d4-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		91.09
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y Y

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPENDITURES	PAGE 128 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Theresa a Younghlood	of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2	11 19 2014
Amou	
	35.00 action ID : 10dbc516-2281-48d8-b of Disbursement or Obligation
Purpose of Expanditure	11 19 2014
Name of Federal Candidate Support Office Sough	ht: House District:00
Ms. Mary L Landrieu	Ι.Δ
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014	nt For:
Full Name of Payee Date	of Public Distribution/Dissemination
	11
Mailing Address 629 Radiance Ave Amou	unt
City State Zip Code	80.00
Date	action ID: 03f1cad7-95d1-4e43-8 of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 / 19 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	ent For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	04 2014

TEMIZED INDEPENI	DENT EXPENDITURES						PAGE 129 FOR LINE 2	OF 317 24 OF FORM 3X
NAME OF COMMITTEE (						FEC	IDENTIFICATI	ON NUMBER ▼
Women Speak O	ut PAC					C	C00530766	
Check if 24-hour repo	ort 48-hour report	New repo	ort Ame	nds repo	ort filed on	M = M	/ D = D /	Y   Y   Y   Y
Full Name of Payee Evelyn Lesaicher	rre				Da			/Dissemination
						11	19	2014
Mailing Address 629	Radiance Ave				Ar	mount		
City	Sta	ate	Zip Code					3.60
Metairie	LA		70001				ID: 7ad054a1- bursement or 0	
Purpose of Expenditure Mileage	re		Category/ Type	002		M M M	19	2014
Name of Federal Can	didate		Sı Sı	upport	Office So	ouaht:	House	District:00
Ms. Mary L Landrieu				ppose		esident	X Senate	State: LA
Calendar Year-To Per Election for (			505646.06		Disburser 2014	ment For:	Primary	/ X General
Full Name of Payee Brogan A Beno	pit				Da	ate of Pub	olic Distribution	/Dissemination 2014
Mailing Address 7144	4 South River Rd				Aı	mount		
075	C+	t -	7: Odo		— Г			60.00
City Addis		ate <sub>-</sub> A	Zip Code 70710				ID: 17ed1cad bursement or	
Purpose of Expenditu Salary	re		Category/ Type	001		M M M	/ 19	2014
Name of Federal Can	didate		s	Support	Office Sc	ought:	House	District:00
Ms. Mary L Landrieu			=	ppose		esident	X Senate	State:LA
Calendar Year-To Per Election for (			505646.06		Disburser 2014	ment For:	Primary	y Seneral
(a) SUBTOTAL of Item	nized Independent Expenditures				•			63.60
(b) SUBTOTAL of Unit	temized Independent Expenditures	***************************************						
(c) TOTAL Independer	nt Expenditures				· [			
with, or at the request	ry I certify that the independent ex or suggestion of, any candidate or political party committee or its agen	r authorized						
Ms. Emily I	Buchanan	[Electron	ically Filed]	Date	M M M	/ D04	D / Y Y 201	Y Y 4
Signature			_	Date		"	تتا ا	

TEMIZED INDEPENDENT EXPENDITURES	PAGE 130 OF 317
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on
Full Name of Payee Brogan A Benoit	Date of Public Distribution/Dissemination
Mailing Address 7144 South River Rd	11 19 2014 Amount
	Amount
City State Zip Code	6.30
Addis LA 70710	Transaction ID: 812c6e23-067d-48e9-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category Typ	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee Michael Vidrine  Mailing Address 1103 West Wilson Street	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1100 West Wilson Calest	Amount
City State Zip Code	75.00
Ville Platte LA 70586	Transaction ID : 3279104b-d3ae-449a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category Typ	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646	Disbursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	81.30
(b) CURTOTAL of Unitemized Independent Evpanditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	<b>)</b>
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 12 04 2014

Date

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	EC		DAGE 421 OF 217
IEMIZED INDEFENDENT LAFLINDITOTI	15		PAGE 131 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New	report Amends repo	ert filed on
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Michael Vidrine			11 19 2014
Mailing Address 1103 West Wilson Street			Amount
	01-4-	- 0 d	22.20
City Ville Platte	State LA	Zip Code 70586	22.20  Transaction ID : e6aa84f9-1aaa-496b-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation  11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carl Brent			11 19 2014
Mailing Address 6718 Lake Willow Dr			Amount
City	State	Zip Code	80.00
New Orleans	LA	70126	Transaction ID: 6b4f4f6e-b73e-411d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 19 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
- Constant to describe Evened	···		
(a) SUBTOTAL of Itemized Independent Expend	tures		102.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	didate or authori		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Elec	tronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cianatura			

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SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 132 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee  Carl Brent	Date of	Public Distribution/Dissemination
		11 19 7 2014
Mailing Address 6718 Lake Willow Dr	Amount	t
City State Zip	Code	12.60
New Orleans LA 701		tion ID: 8aed296e-206b-4fe9-a Disbursement or Obligation
Purpose of Expenditure Mileage  Ca		11 19 2014
Name of Federal Candidate	Support Office Sought:	House District:00
Ms. Mary L Landrieu	Oppose Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Oth	For:  Primary
Full Name of Payee Christine Stevens	M	f Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	Amoun	
City State Zip	Code	70.00
		tion ID: 543752fd-941d-4503-b f Disbursement or Obligation
Purpose of Expenditure Salary  Ca		11 19 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······ •	82.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 7
(c) TOTAL Independent Expenditures	······	7 7
Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan	M M /	D D / Y Y Y Y

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 133 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC		C C00530766
Ch	heck if 24-hour report 48-hour report New	v report Amends report	t filed on Mam / Dad / Yayayay
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jazmine d Conner		11 19 / 2014
	Mailing Address 100 ASBURY CT		Amount
	City State	Zip Code	70.00
	WINCHESTER VA	22602	Transaction ID: 12941d59-e7bd-4e08-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement of Obligation  11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Support Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jon E Conner		M M / D D / Y Y Y Y
	Mailing Address 100 Ashum Ct		11 19 2014
	100 Asbury Ct		Amount
	City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID: 6c4cd450-f739-44c6-9  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
-	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Elec	ectronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	

TEI	MIZED INDEPENDENT EXPENDITURE	S					PAGE 134 FOR LINE 2	OF 317 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Omen Speak Out PAC					FEC	C00530766	ON NUMBER ▼
Che	eck if 24-hour report 48-hour report	New repo	ort Ame	ends repo	ort filed or	n M = M	/ D = D /	Y T Y T Y
T	Full Name of Payee Rodney O Culbreath				С	M = M	blic Distribution/	YIYIY
ŀ	Mailing Address 100 Asbury Ct					11 Amount	19	2014
	City Winchester	State VA	Zip Code 22602				ID: 3e7df017-a	
	Purpose of Expenditure Salary		Category/ Type	001		M M M	/ 19	2014
	Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought			Support Oppose		resident ement For:	Senate Primary	District:00State:LA
	Full Name of Payee Rze Culbreath  Mailing Address 100 Achuru Ct			_	] [		(specify) ►	/Dissemination
	100 Asbury Ct  City	State	Zip Code			Amount		70.00
	Winchester	VA	22602				ID: 25a14d1c- sbursement or 0	b02a-4766-9
	Purpose of Expenditure Salary		Category/ Type	001		11	19	2014
	Name of Federal Candidate  Ms. Mary L Landrieu			Support Oppose	Office S	Sought: resident	House X Senate	District: 00 State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	5	Disburse 2014	ement For	: Primary	General
(;	a) SUBTOTAL of Itemized Independent Expenditu	ures			• [		T 1 7	140.00
(i	b) SUBTOTAL of Unitemized Independent Expendent	ditures			• •		7	
(0	c) TOTAL Independent Expenditures				•		<del></del>	
W	Under penalty of perjury I certify that the independent of the request or suggestion of, any candicarty committee) any political party committee or it	idate or authorized						
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	12	/ 04		4
	Signature							

1 =	MIZED INDEPENDENT EXPENDITURES		PAGE 135 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)  /omen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼  C C00530766
Che	eck if 24-hour report 48-hour report New report	ort Amends repor	ort filed on M = M / D = D / Y = Y = Y
	Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination  11 19 2014
	Mailing Address 110 W Pecan St		Amount
ŀ	City State	Zip Code	50.00
	Ville Platte LA	70586	Transaction ID : c976a732-f212-4e60-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination  11 19 2014
Ī	Mailing Address 110 W Pecan St		Amount
ŀ	City State	Zip Code	32.40
	Ville Platte LA	70586	Transaction ID: 7cd8ce74-0e89-4293-a Date of Disbursement or Obligation
Ì	Purpose of Expenditure Mileage	Category/ Type 002	11 19 / 2014
Ì	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 82.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures		-
(	(c) TOTAL Independent Expenditures		•
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	·
	Ms. Emily Buchanan [Electronic	ically Filed] Date	12 04 2014
	Signature	_ Date	السنسا لشا لسا

	CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPEN					PAGE 136 FOR LINE 24	OF 4 OF FO	317 PRM 3X
	AME OF COMMITTEE (In Full)				FEC	IDENTIFICATIO	N NUME	BER ▼
١	Nomen Speak Out PAC				С	C00530766		
С	heck if 24-hour report 48-hou	r report New report	ort Amends repo		I I M	/ D D /	Y Y	Y W Y
	Full Name of Payee Cathy Longtin					olic Distribution/[		
	Mailing Address 827 Navavre Ave			C	11 -	19	201	4
	027 Navavie Ave			Amou	ınt			
	City	State	Zip Code				85	5.00
	New Orleans	LA	70124			ID: 1417964c-0 bursement or O		1-8
	Purpose of Expenditure Salary		Category/ Type 001		11	19	201	
	Name of Federal Candidate		Support	Office Sough	nt:	House [	District:	00
	Ms. Mary L Landrieu		X Oppose	Presid		X Senate	State: _	LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014		Primary specify) ▶	X G	General
	Full Name of Payee Cathy Longtin				of Puk	olic Distribution/l		Y Y
	Mailing Address 827 Navavre Ave			Amou				
	City	State	Zip Code	— I	-		ć	9.90
	New Orleans	LA	70124			ID: 46e311dc-e		75-a
	Purpose of Expenditure Mileage		Category/ Type 002		м = м 11	19	20	14
	Name of Federal Candidate		Support	Office Sough	ht:	House I	District: _	00
	Ms. Mary L Landrieu		X Oppose	Presid	lent	X Senate	State: _	LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014		Primary specify) ▶	<u>X</u> (	General
	(a) SUBTOTAL of Itemized Independen	t Expenditures		<b>.</b>	1 -1	F 11 - 7-	94.9	0
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•		7- 1 - 27-		
	(c) TOTAL Independent Expenditures			· •		7		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized						
	Ms. Emily Buchanan			M = M /	D	D / Y Y	Y	

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			PAGE 137 OF 317 FOR LINE 24 OF FORM 3X
N.	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
١	Vomen Speak Out PAC			C C00530766
CI	neck if 24-hour report 48-hour report New rep	port Amends repo		* M / D D / Y Y Y Y Y
	Full Name of Payee Colton R Overcash			of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		Amou	nt
	City State	Zip Code		94.00
	Salisbury	28147		ction ID: 0b269fbb-958e-4023-b of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M	11 19 / 2014
	Name of Federal Candidate	Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu	Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
	Full Name of Payee Colton R Overcash		Date o	of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		Amou	nt
	City State	Zip Code		61.80
	Salisbury NC	28147		ction ID: 89c861db-63b3-455a-b of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M	11 19 / 2014
	Name of Federal Candidate	Support	Office Sough	it: House District: 00
	Ms. Mary L Landrieu	X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursemen 2014 O	ther (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		•	155.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7
	(c) TOTAL Independent Expenditures		<b>•</b>	
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed]	12 /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Date

#### SC ITE

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 138 OF 317
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
			C C00530766
Check if 24-hour report 48-hour report	New	report Amends repor	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			11 19 2014
Mailing Address 2150 Hope St			Amount
City	State	Zip Code	80.00
New Orleans	LA	70119	Transaction ID : 39c7a6fd-ad8b-49d7-b  Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Salary		Type 001	11 19 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elvis Spears			11 19 2014
Mailing Address 2150 Hope St			Amount
Cit.	Ctoto	7:2 Codo	6.30
City Now Orleans	State LA	Zip Code 70119	6.30 Transaction ID : 3dbfd972-035c-4673-8
New Orleans	LA	70119	Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Support	Office Godgitt.
IVIS. IVIGIY E CANGINGU		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- 4	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	-Pit-wan		
(d) SOBTOTAL OF HOMEZON HINDOPONICON EMPTONIC	Illui 65		86.30
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(-) TOTAL Independent Expanditures			

party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	12 M	04	2014
Signature					

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 139 OF FOR LINE 24 OF FO	317 DRM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUM	BER ▼
۷	Nomen Speak Out PAC				C C00530766	
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y	Y
_	Full Name of Payee Hannah J Landry					YY
	Mailing Address 1110 N Coolidge			Amou	11 20 20°	4
	City	State	Zip Code	-	4	0.00
	Gonzales	LA	70737		ction ID: 84606fcd-ab90-4e6 of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001		11 20 7 20	
	Name of Federal Candidate		Support	Office Sough	t: House District:	00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	t For: Primary X ( ther (specify) ▶	General
	Full Name of Payee Hannah J Landry					YY
	Mailing Address 1110 N Coolidge			Amou	11 20 20	
	City	State	Zip Code	$  $ $\Gamma$		6.33
	Gonzales	LA	70737		ction ID : 6fa7adba-51c1-477 of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002			14
	Name of Federal Candidate		Support	Office Sough	t: House District:	00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014	t For: Primary X	General
	(a) SUBTOTAL of Itemized Independent Expenditures	s		• [	46.3	33
	(b) SUBTOTAL of Unitemized Independent Expenditure	ıres		· • [		
	(c) TOTAL Independent Expenditures			· •		
	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12	04 / 2014	
	Signature		_			

ΤΕΝ	MIZED INDEPENDENT EXPENDITURES		PAGE 140 OF 317 FOR LINE 24 OF FORM 3X
	IE OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
VVc	omen Speak Out PAC		C C00530766
Chec	ck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination
-	Mailing Address		11 20 2014
	1030 N Coolidge Ave		Amount
C		Zip Code	40.00
	Gonzales LA	70737	Transaction ID: 8d6c0bce-3aa8-4c5c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	Full Name of Payee  Mary C Lee		Date of Public Distribution/Dissemination  11 20 2014
ı	Mailing Address 1030 N Coolidge Ave		Amount
	City State	Zin Codo	6.33
-	City State Gonzales LA	Zip Code 70737	Transaction ID : dfcb67a3-3c6f-4460-8  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 7 2014
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(а	a) SUBTOTAL of Itemized Independent Expenditures		▶ 46.33
(b	o) SUBTOTAL of Unitemized Independent Expenditures		-
(с	c) TOTAL Independent Expenditures		•
wit	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electroni	nically Filed]	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	, 12 04 2014

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)			
ΓE	EMIZED INDEPENDENT EXPENDITURES			PAGE 141 OF 317 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		EEC	IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC		C	C00530766
 Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
_	Full Name of Days		2	
	Full Name of Payee Theresa a Youngblood		Date of Pub	lic Distribution/Dissemination  20 2014
	Mailing Address 102 S Main Street Apt A2		Amount	
	City State	Zip Code		25.00
	Berryville VA	22611		ID : 7e4050c9-2f1e-4fc3-9 bursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 11	20 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (	Primary ⊠ General
	Full Name of Payee		Date of Pub	olic Distribution/Dissemination
	Lilly Green  Mailing Address Cost Madelline Girele		11	20 / 2014
	205 Medallion Circle		Amount	
	City State	Zip Code		40.00
	Shreveport LA	71119		ID: 1088350f-0d14-4221-8 bursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11	20 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (	Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures		<b>→</b>	65.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		· <b>•</b>	
	( ) <del></del>			
	(c) TOTAL Independent Expenditures		· •	7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

[Electronically Filed]

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Date

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NAME OF COMMITTEE (In Full) Women Speak Out PAC

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 142 OF 317 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00530766
" M / D " D / Y " Y " Y " Y
of Public Distribution/Dissemination
11 20 / 2014
nt
54.00
ction ID : 32589fa4-0f04-4e44-b of Disbursement or Obligation
11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
it: House District: 00
ent Senate State: LA
t For: Primary X General
ther (specify) ▶
of Public Distribution/Dissemination
int
20.00 Iction ID : 1a29ee51-2d32-4c3a-b of Disbursement or Obligation
11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nt: District: 00
ent Senate State: LA
nt For: Primary X General
Other (specify) -
74.00
7 7
7 1 7 1 7

Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date Lilly Green Mailing Address 205 Medallion Circle Amou City State Zip Code LA Shreveport 71119 Transa Date Purpose of Expenditure Category/ Mileage 002 Type Name of Federal Candidate Support Office Sough Ms. Mary L Landrieu Oppose Preside Disbursemen Calendar Year-To-Date 2014 505646.06 Per Election for Office Sought 0 Full Name of Payee Date Stephanie L Heun Mailing Address 8026 S Wilwood Dr Apt 101 Amou City State Zip Code Oak Creek WI 53154 Transa Date Purpose of Expenditure Category/ 001 Salary Type Name of Federal Candidate Support Office Sough Ms. Mary L Landrieu Oppose Presid Disbursemen Calendar Year-To-Date 505646.06 2014 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] 12 04 2014 Date Signature

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 143 OF 317 FOR LINE 24 OF FORM 3X		
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
W	Vomen Speak Out PAC	C C00530766					
	Check if 24-hour report 48-hour report New report Amends report filed on						
٦	Full Name of Payee				Date of Public Distribution/Dissemination		
	Jenny N Brown				11 20 / 2014		
	Mailing Address 1270 Lovelady Rd				Amount		
	City State		Zip Code		40.00		
	West Monroe LA		71292		Transaction ID : fbb1b6f3-b5eb-452b-8 Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	_	Category/ Type 00	001	11 20 2014		
	Name of Federal Candidate		Support	t Offic	ce Sought: House District: 00		
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disb 2014	bursement For:  Primary		
	Full Name of Payee				Date of Public Distribution/Dissemination		
	Jenny N Brown				11 20 / Y Y Y Y Y		
	Mailing Address 1270 Lovelady Rd				Amount		
					10.00		
	City State West Monroe LA		Zip Code 71292		12.00  Transaction ID: b0be7ce7-2ed5-4a9f-8  Data of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 00	02	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate		Support	rt Offir	ice Sought: House District:00		
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disb 201	bursement For:  Primary  General  Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures				52.00		
(b) SUBTOTAL of Unitemized Independent Expenditures							
	( ) TOTAL Independent Evpanditures						
_	(c) TOTAL Independent Expenditures			<b>&gt;</b>			
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan	Electron	ically Filed]	Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature			ale			

### П

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)						
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 144 OF 317 FOR LINE 24 OF FORM 3X			
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC		C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed on						
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Cathy Longtin		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 827 Navavre Ave		Amount			
	City State	45.00				
	New Orleans LA	Zip Code 70124	Transaction ID: f46d1742-9190-43e2-b Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y			
	Name of Federal Candidate	Cupport	Office Sought: House District: 00			
	Ms. Mary L Landrieu	Support Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary			
	Full Name of Payee  Cathy Longtin		Date of Public Distribution/Dissemination  11 20 2014			
	Mailing Address 827 Navavre Ave		Amount			
	City State	Zip Code	6.30			
	New Orleans LA	70124	Transaction ID: e55b5afd-b909-4fcd-a Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 / 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures		51.30			
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures		·			
	Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.					

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)						
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 145 OF 317 FOR LINE 24 OF FORM 3X				
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
۷	Vomen Speak Out PAC	C C00530766					
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on				
	Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination				
	Mailing Address		11 20 7 2014				
	924 N. Prieur St		Amount				
	City State	Zip Code	80.00				
	New Orleans LA	70116	Transaction ID : 29d8d5ab-03b0-4e76-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶				
	Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination				
	Mailing Address 924 N. Prieur St		11 / 20 / 2014 Amount				
	City State New Orleans LA	Zip Code 70116	15.00 Transaction ID : 9bde1731-db80-4c3c-9				
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation  11 20 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures	95.00					
	(b) SUBTOTAL of Unitemized Independent Expenditures	. •					
	(c) TOTAL Independent Expenditures		<b>•</b>				
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)						
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 146 OF 317 FOR LINE 24 OF FORM 3X				
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
۷	Vomen Speak Out PAC	C C00530766					
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on				
	Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination				
	Mailing Address		11 20 7 2014				
	8822 Apple St		Amount				
	City State	Zip Code	60.00				
	New Orleans LA	70188	Transaction ID : bfde7ab6-5bb7-4660-9  Date of Disbursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶				
	Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination				
	Mailing Address 8822 Apple St		11 20 2014				
			Amount				
	City State  New Orleans LA	Zip Code 70188	12.00 Transaction ID : 5b4e1188-fb05-4a02-a				
	Purpose of Expenditure		Date of Disbursement or Obligation				
	Mileage	Category/ Type 002	11 20 2014				
	Name of Federal Candidate	Support	Office Sought: House District:00				
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures	72.00					
	(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures		· ·				
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	SCHEDULE E (FEC Form 3X)						
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 147 OF 317 FOR LINE 24 OF FORM 3X				
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
۷	Vomen Speak Out PAC		C C00530766				
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on				
	Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination				
	Mailing Address		11 20 2014				
	995 Clairborne Rd		Amount				
	City State	Zip Code	10.00				
	Calhoun LA	71225	Transaction ID: b8d29e25-01f0-40ab-a Date of Disbursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
	Full Name of Payee Gary W Fuhrmann  Mailing Address 9425 Jessica Drive		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State Shreveport LA	Zip Code 71106	52.50 Transaction ID : 4a9a39d0-46b7-48ac-8				
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	Ms. Mary L Landrieu	Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 62.50				
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •				
	(c) TOTAL Independent Expenditures						
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						

[Electronically Filed]

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Date

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	CHEDULE E (FEC FORM 3X)  FEMIZED INDEPENDENT EXPENDITURES  PAGE 148 OF 317					
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 148 OF 317 FOR LINE 24 OF FORM 3X			
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC		C C00530766			
Cł	neck if 24-hour report 48-hour report New report	ort Amends report	filed on M M M / D D / Y Y Y Y Y Y			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Gary W Fuhrmann		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 9425 Jessica Drive		Amount			
	City State	Zip Code	8.40			
	Shreveport LA	71106	Transaction ID: 03ba77f5-86fc-408b-a Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 / 2014			
	Name of Federal Candidate	Support	Office Sought: House District:00			
	Ms. Mary L Landrieu	Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General  2014  Other (specify) ▶			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Eva M Johnston		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 2517 N 47th St		Amount			
	City State	Zip Code	10.00			
	Milwaukee WI	53210	Transaction ID: e0dd9853-03b9-4876-b Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District:00			
	Ms. Mary L Landrieu	Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General  2014  General			
	(a) SUBTOTAL of Itemized Independent Expenditures		18.40			
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>)</b>			
	(c) TOTAL Independent Expenditures		<b>&gt;</b>			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y			

[Electronically Filed]

Date

2014

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 149 OF 317
			FOR LINE 24 OF FORM 3X
	NME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
V	vomen Speak Out FAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repor	t filed on
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination
	Mailing Address 3009 Skelly St		Amount
	City State	Zip Code	40.00
	Shreveport LA	71107	Transaction ID : dcbe1661-c2c3-45b6-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination
	Mailing Address 3009 Skelly St		Amount
	City State	Zip Code	13.50
	Shreveport LA	71107	Transaction ID : 8ebe2201-25d9-440b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		53.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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Date

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SCHEDULE E (FEC FORM 3X)						
TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 150 OF 317 FOR LINE 24 OF FORM 3X			
V/	NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
۷	Women Speak Out PAC	C C00530766				
_ Cł	heck if 24-hour report 48-hour report New report	port Amends repor	ort filed on			
_	Full Name of Payee Bobbie M Steinsholt		Date of Public Distribution/Dissemination			
	Mailing Address 3009 Skelly St		11 20 2014			
	3000 3.15.1, 5.1		Amount			
	City State	Zip Code	40.00			
	Shreveport LA	71107	Transaction ID : 50509e72-7a2d-4aca-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	John K Necaise III		11 20 2014			
	Mailing Address 1905 Franklin Ave		Amount			
	City State	Zip Code	40.00			
	New Orleans LA	70117	Transaction ID : ce993370-26e3-478a-a Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
_	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	(a) CURTOTAL of Hamitand Independent Expenditures		20.00			
	(a) SUBTOTAL of Itemized Independent Expenditures		80.00			
	(b) SUBTOTAL of Unitemized Independent Expenditures		· -			
_	(c) TOTAL Independent Expenditures					
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	Ms. Emily Buchanan		M			

[Electronically Filed]

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Date

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 151 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report fil	ed on Mam / Dab / Yayayay
Full Name of Payee  John K Necaise III	Date of Public Distribution/Dissemination
Moiling Address	11 20 / 2014
1905 Franklin Ave	Amount
City State Zip Code	9.84
New Orleans LA 70117	Transaction ID: 1709c7db-e7aa-4a39-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 20 / 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For: Primary
Full Name of Payee  Janet Morris	Date of Public Distribution/Dissemination
Mailing Address 620 Old Barbome Rd Lot 2	Amount 20 2014
City State Zip Code	12.50
West Monroe LA 71291	Transaction ID: 88ad587e-6c99-4e85-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	sbursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	22.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M M / D D / Y Y Y

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)				
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 152 OF 317 FOR LINE 24 OF FORM 3X		
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
۷	Vomen Speak Out PAC	C C00530766			
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on M M / D D / Y Y Y Y Y		
	Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination		
	Mailing Address 620 Old Barbome Rd Lot 2		11 20 2014 Amount		
	City State	Zip Code	3.72		
	West Monroe LA	71291	Transaction ID : 55744270-4df6-48f2-8  Date of Disbursement or Obligation		
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 7 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	Oppose	President Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	Full Name of Payee Amanda Boley  Mailing Address Split Oak Drive		Date of Public Distribution/Dissemination		
			Amount		
	City State charlotte NC	Zip Code 28227	81.50  Transaction ID: 24f13988-b93d-4305-8  Date of Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y 2014		
	Name of Federal Candidate	Support	Office Sought: House District: 00		
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  ☐ General 2014  General Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 85.22		
	(b) SUBTOTAL of Unitemized Independent Expenditures		. >		
	(c) TOTAL Independent Expenditures		. •		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 153 OF 317 FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
۷	Vomen Speak Out PAC	C C00530766				
Ch	heck if 24-hour report 48-hour report New re	report Amends repor	rt filed on			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Amanda Boley		11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address Split Oak Drive		Amount			
	City State	Zip Code	23.19			
	charlotte NC	28227	Transaction ID: 0792fbe2-bb67-43cb-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Heather Ainsworth		11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 9685 Paula St		Amount			
	City State	Zip Code	90.00			
	Keithville LA	71047	Transaction ID : 2446e9da-58c7-489f-8  Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary			
	(a) SUBTOTAL of Itemized Independent Expenditures		113.19			
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>			
	(c) TOTAL Independent Expenditures		<b>&gt;</b>			
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electro	ronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature					

TEMIZED INDEPENDENT EXPENDITURES	PAGE 154 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Heather Ainsworth	of Public Distribution/Dissemination
Mailing Address 9685 Paula St Amou	11 20 2014
	action ID: 44f67fbd-999a-48be-b of Disbursement or Obligation
Purpose of Expanditure	11 20 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu	Δ. Ι.Δ.
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014	nt For:
ERIC TABARY  Mailing Address 6101 NORA ST  Amou	
WEI/AIRL	65.00  action ID : acd447ea-0dbb-4f54-8  of Disbursement or Obligation
Purnose of Expenditure	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	87.80
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	04 2014

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE FOR I	155 OF 317 LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC  C c00530766						0766
Ch	heck if 24-hour report 48-hour report	New repo	ort Amends r	report filed		D / Y = Y = Y = Y
	Full Name of Payee ERIC TABARY				Date of Public Distri	
	Mailing Address 6101 NORA ST				11 2	
	6101 NOKA 51				Amount	
	City	State	Zip Code			2.40
	METAIRIE	LA	70003		Transaction ID: 9312 Date of Disbursement	
	Purpose of Expenditure Mileage		Category/ Type 0	002	11 / 20	
	Name of Federal Candidate		Suppor	rt Offic	e Sought: Hou	ise District: 00
	Ms. Mary L Landrieu		X Oppose	e	President Sen	-
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbi 2014		rimary X General
	Full Name of Payee				Date of Public Distri	bution/Dissemination
	Gregory Green					D / Y Y Y Y
	Mailing Address 2506 Bolch Street					2014
	1				Amount	
	City	State	Zip Code			40.00
	Shreveport	LA	71104		Transaction ID: 0166 Date of Disburseme	
	Purpose of Expenditure Salary		Category/ Type 00	001	11 / 20	
	Name of Federal Candidate		Suppor	rt Offic	e Sought: Hou	use District: 00
	Ms. Mary L Landrieu		X Oppose	e	President Ser	
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disb 2014		Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures	s		······ <b>&gt;</b>	7	42.40
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		······ <b>&gt;</b>	4	7
	(c) TOTAL Independent Expenditures			······ <b>&gt;</b>		AP.   AP.
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed]	Date 1	2 04 /	2014
	Signature		_			

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITUR	)EC			DLOE 450 OF 247		
TEMIZED INDEPENDENT EXPENDITOR	ie5			PAGE 156 OF 317 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC		C C00530766				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on		
Full Name of Payee				Date of Public Distribution/Dissemination		
Gregory Green				11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2506 Bolch Street				Amount		
C:h.	Ctata	Zin Codo		55.20		
City Shreveport	State LA	Zip Code 71104	-	753.20 Transaction ID : 2ee8471b-799d-46ed-8		
· ·		71104		Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		11 20 7 2014		
Name of Federal Candidate		Support	Office	Sought: House District: 00		
Ms. Mary L Landrieu		X Oppose		President State: LA		
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbui 2014	rsement For: Primary		
Full Name of Payee				Date of Public Distribution/Dissemination		
Laura U Logie				11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2565 Shire Circle				Amount		
City	State	Zip Code		35.00		
Harrisonburg	VA	22801		Transaction ID : 2704fdd1-823f-4d3b-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office	Sought: House District:00		
Ms. Mary L Landrieu		Oppose		President State: LA		
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	rsement For: Primary		
(a) SUBTOTAL of Itemized Independent Expendent	ditures		▶	90.20		
			·			
(b) SUBTOTAL of Unitemized Independent Expo	enditures		▶	7 7 7		
(c) TOTAL Independent Expenditures			·· <b>•</b>	7 7 7		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized					
Ms. Emily Buchanan	[Electron	nically Filed] Date	M 12			

Date

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 157 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New re	port Amends repo	ort filed on
	Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination
	Mailing Address 4106 Martha St		11 20 2014 Amount
	City State Shreveport LA	Zip Code	80.00
	Cevsperv	71109	Transaction ID : f7ea4a6c-9cbe-427e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Felicia A Jones  Mailing Address 4406 Martha St		Date of Public Distribution/Dissemination  11 20 2014
	4106 Martha St		Amount
	City State Shreveport LA	Zip Code 71109	9.60  Transaction ID: 44c10542-bab4-48a6-8  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 89.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 158 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New report	oort Amends report	t filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Beau Autin		11 20 / Y Y Y Y Y Y Y Y
	Mailing Address 345 Auroura Ave		Amount
	City State	Zip Code	45.00
	Metairie LA	70006	Transaction ID : f51acbb8-beaf-4b05-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	Date of Dispursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Beau Autin		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 345 Auroura Ave		Amount
	City State	Zip Code	1.71
	Metairie LA	70006	Transaction ID: 13e33188-076d-40b9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		46.71
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan	nically Filed]	12 04 2014
	Signature	Date	12 01 2011

TE	EMIZED INDEPENDENT EXPENDITU	RES			PAGE 159 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	rt New repo	ort Amends repo		
_	Full Name of Payee Brogan A Benoit				of Public Distribution/Dissemination
	Mailing Address 7144 South River Rd			Amou	11 18 2014
	C'h.	Ctata	Zin Code		60.00
	City Addis	State LA	Zip Code 70710		60.00 action ID: b246c241-9363-4d19-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 18 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	nt For:
	Full Name of Payee Brogan A Benoit				of Public Distribution/Dissemination
	Mailing Address 7144 South River Rd			Amou	ınt
	City	State	Zip Code		6.90
	Addis Purpose of Expenditure	LA	70710		action ID: ea94033a-e234-4055-8 of Disbursement or Obligation
	Mileage		Category/ Type 002	N	11 / 18 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	lent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	nt For:
	(a) SUBTOTAL of Itemized Independent Exper	nditures			66.90
	(b) SUBTOTAL of Unitemized Independent Ex	openditures			
					7 7 7
	(c) TOTAL Independent Expenditures			· •	72 1 72 1 73
	Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 12	04 2014
	Signature		_		

#### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURI	ES		PAGE 160 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Eva M Johnston  Mailing Address 2517 N 47th St			Date of Public Distribution/Dissemination  M 1
City	State	Zip Code	15.00
Milwaukee	WI	53210	Transaction ID: db438013-18a2-44ae-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Evelyn Lesaicherre  Mailing Address 629 Radiance Ave  City	State	Zip Code	Amount 80.00
Metairie	LA	70001	<b>Transaction ID : 5f21a2a1-dd87-4534-a</b> Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 17 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		95.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	onically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	EMIZED INDEPENDENT EXPENDITURES				PAGI FOR	E 161 OF 317 LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENT	IFICATION NUMBER ▼
V۱	Vomen Speak Out PAC				C C005	30766
Ch	neck if 24-hour report 48-hour report New	ew repo	ort Amends repo	rt filed	on M - M / D	D / Y = Y = Y
	Full Name of Payee				Date of Public Dist	ribution/Dissemination
	Evelyn Lesaicherre					17 2014
	Mailing Address 629 Radiance Ave				Amount	
	City State		Zip Code			3.60
	Metairie LA		70001		Transaction ID : 429 Date of Disbursement	9e1cbe-9c7c-436b-8
	Purpose of Expenditure Mileage		Category/ Type 002		M M / D	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: Ho	ouse District: 00
	Ms. Mary L Landrieu		X Oppose			enate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	Other (specify)	Primary General
	Full Name of Payee ERIC TABARY	_			M = M / D	tribution/Dissemination
	Mailing Address 6101 NORA ST				Amount	2017
	City State		Zip Code			70.00
	METAIRIE LA		70003		Transaction ID : 493 Date of Disbursem	3b48af-8740-4563-a
	Purpose of Expenditure Salary		Category/ Type 001		M = M / D	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	e Sought:	ouse District: 00
	Ms. Mary L Landrieu		X Oppose		President Se	enate State: LA
	Calendar Year-To-Date Per Election for Office Sought	-,-	505646.06	Disbu 2014	Other (specify)	Primary
	(a) SUBTOTAL of Itemized Independent Expenditures			. •	7	73.60
	(b) SUBTOTAL of Unitemized Independent Expenditures			. •		7
	(c) TOTAL Independent Expenditures			. ▶		
1	Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	lectroni	ically Filed] Date	M 12	2 04 /	2014
	Signature		Date	تــا	ا لننا ل	

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SCHEDULE E (FEC FOR) TEMIZED INDEPENDENT EXP				PAGE 162 OF 317
I EMIZED INDEPENDENT EXP	PENDITURES			PAGE 162 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48	-hour report New rep	oort Amends repo		M / D D / Y D Y D Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
ERIC TABARY			М	11 17 2014
Mailing Address 6101 NORA ST			Amou	
City	Ctoto	Zin Codo		1.50
City METAIRIE	State LA	Zip Code 70003	Transa	1.50 ction ID : a2c10a53-e38c-456f-b
		70003		of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 17 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sough	t	505646.06	Disbursemen 2014	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Julia Perry			M	-M / D -D / Y -Y -Y -Y
Mailing Address 2046 Perrin St Ap	ot C		Amou	11 20 2014 nt
0"		7: 0 1		00.00
City Shreveport	State LA	Zip Code 71101		80.00 ction ID : 83c887ee-78e0-471a-b
Purpose of Expenditure Salary		Category/ 001		of Disbursement or Obligation
		Type 001		2014
Name of Federal Candidate		Support	Office Sough	t: District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	ıt	505646.06	Disbursemen 2014	t For: Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Indepen	ndent Expenditures		•	81.50
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures			7 1 7 1 7
(c) TOTAL Independent Expenditur	es			
(-) 10 masponasiii Exponanti			<u> </u>	7 7 7
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	12 /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

TE	EMIZED INDEPENDENT EXPENDITURES					PAGE 163 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDE	NTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C co	00530766
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D = D / Y = Y = Y = Y
	Full Name of Payee			Da	te of Public I	Distribution/Dissemination
	Julia Perry				11 /	20 / Y Y Y Y Y Y
	Mailing Address 2046 Perrin St Apt C			Am	nount	
	City	State	Zip Code			9.00
	S. I. S.	LA	71101			3372030e-e32f-4332-a sement or Obligation
	Purpose of Expenditure Mileage	1	Category/ Type 002		11 /	20 / 2014
	Name of Federal Candidate		Support	Office Sou	ught:	House District:00
	Ms. Mary L Landrieu		X Oppose		sident X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursen 2014	nent For: Other (spec	Primary X General
	Full Name of Payee			Da	te of Public	Distribution/Dissemination
	Donna S Wilson				M M /	20 2014
	Mailing Address 4456 Country Hill Dr			An	nount	20 2017
	City	State	Zip Code			20.00
	Baton Rouge	LA	70816	I		ee4ed106-7956-4511-8 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 /	20 / 2014
	Name of Federal Candidate		Support	Office Sou	ught:	House District:00
	Ms. Mary L Landrieu		X Oppose	Pre	sident X	<u> </u>
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursen 2014	nent For:	Primary X General
_	(a) SUBTOTAL of Itemized Independent Expenditures					29.00
	(b) SUBTOTAL of Unitemized Independent Expenditure	20			7	
	(5) 665 (67.12 6) 6.1116.1112.00	70 <b></b>		" <b>•</b> _	-7	
	(c) TOTAL Independent Expenditures				7	7
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	e 12	/ 04	/ Y Y Y Y Y Y 2014
	Signature			· ——		

#### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURE	:0		DAGE 404 OF 247
TEMIZED INDEPENDENT EXPENDITORE	, <b>5</b>		PAGE 164 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New	report Amends report	t filed on
Full Name of Payee	<u>'</u>		Date of Public Distribution/Dissemination
Donna S Wilson			11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4456 Country Hill Dr			Amount
City	State	Zip Code	7.80
Baton Rouge	LA	70816	Transaction ID : af04833d-f8d5-4e7b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 20 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Support Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher L Gilbert			11 20 2014
Mailing Address 55 Lovell Johnson Rd			Amount
City	State	Zip Code	70.00
Picayune	MS	39466	Transaction ID: 44f1b3fd-76a7-43cb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:  Primary
, <b>'</b>		·	
(a) SUBTOTAL of Itemized Independent Expendit	ures		77.80
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or author		
Ms. Emily Buchanan	[Elec	etronically Filed] Date	12 04 2014
Cianatura			

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CHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES	DAOF 465 OF 347	<del></del>
EMIZED INDEPENDENT EXPENDITURES	PAGE 165 OF 317 FOR LINE 24 OF FORM	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	<b>▼</b>
Women Speak Out PAC	C C00530766	
Check if 24-hour report 48-hour report New re	report Amends report filed on Amends report	Y
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination	1
	11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 55 Lovell Johnson Rd	Amount	
City State	Zip Code 42.60	
Picayune MS	39466 Transaction ID : 4a6dfdd6-cbe0-4bc8-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage	Category/	Υ
Name of Federal Candidate	Support Office Sought: House District: 00	
Ms. Mary L Landrieu	Oppose President Senate State: LA	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General Disbursement For: ☐ Primary ☐ Content of the content of t	ral
Full Name of Payee	Date of Public Distribution/Dissemination	1
Elvis Spears	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 2150 Hope St	Amount	
City State	Zip Code 80.00	П
New Orleans LA	70119 Transaction ID : 7484d660-8254-47e9-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary	Category/ Type 001 11 20 / 2014	Y
Name of Federal Candidate	Support Office Sought: House District: 00	)
Ms. Mary L Landrieu	Oppose President Senate State: LA	<u>.                                    </u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ Gene 2014 Other (specify) ▶	ral
(a) SUBTOTAL of Itemized Independent Expenditures	122.60	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
	res reported herein were not made in cooperation, consultation, or conce zed committee or agent of either, or (if the reporting entity is not a politic	
Ms. Emily Buchanan [Electr	ronically Filed] Date 12 04 2014	

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITU	DEO					
	EMIZED INDEPENDENT EXPENDITO	HES				PAGE 166 FOR LINE 24	OF 317 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼
١	Vomen Speak Out PAC				С	C00530766	
С	neck if 24-hour report 48-hour report	t New re	eport Amends repo	ort filed on	Л = М	/ D = D /	Y
	Full Name of Payee			Date	of Publi	ic Distribution/[	Dissemination
	Elvis Spears				M M M	/ 20 /	2014
	Mailing Address 2150 Hope St			Amou	unt		
	City	State	Zip Code	— I			9.60
	New Orleans	LA	70119			D: a2752ca0-3 ursement or O	
	Purpose of Expenditure Mileage		Category/ Type 002		M M M	20	2014
	Name of Federal Candidate		Support	Office Sough	nt:	House [	District: 00
	Ms. Mary L Landrieu		Oppose	Presid	lent [	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014		Primary pecify) ▶	X General
	Full Name of Payee					ic Distribution/l	Dissemination
	Alice K Salazar			1	м - м 11	/ D D /	2014
	Mailing Address 605 W Houston St			Amo		20	2011
	City	State	Zip Code	— r			90.00
	Marshall	TX	75633			D: 6d346d4b-oursement or O	
	Purpose of Expenditure Salary		Category/ Type 001		M M M 11	20	2014
	Name of Federal Candidate		Support	Office Soug	ht:	House I	District: 00
	Ms. Mary L Landrieu		Oppose	Presid		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disburseme 2014		Primary pecify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Exper	nditures			1 7	7	99.60
	(b) SUBTOTAL of Unitemized Independent Ex	penditures		·· •			
	(c) TOTAL Independent Expenditures					-7-	
	Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize					
	Ms. Emily Buchanan			M M /	D D	/ V V	Y

[Electronically Filed]

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Date

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#### SCHEDULE F (FEC Form 3X)

TEMIZED INDEPENDEN			PAGE 167 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Ful	l)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out P	AC		C C00530766
Check if 24-hour report	48-hour report New rep	port Amends repo	rt filed on
Full Name of Payee Alice K Salazar  Mailing Address 605 W Ho  City Marshall  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu	State TX	Zip Code 75633  Category/ Type  Support  Oppose	Date of Public Distribution/Dissemination    Man
Calendar Year-To-Date Per Election for Office	Sought	505646.06	Disbursement For:  Primary
Full Name of Payee Ana L Esquivel  Mailing Address 284 Cr 14	 01		Date of Public Distribution/Dissemination  11 20 2014  Amount
City Carthage	State TX	Zip Code 75633	Transaction ID : 4e8cb6eb-0bc1-4abb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 20 2014
Name of Federal Candidate  Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00  President X Senate State: LA
Calendar Year-To-Date Per Election for Office	Sought	505646.06	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(b) SUBTOTAL of Unitemize	ndependent Expendituresd Independent Expenditures		
with, or at the request or sug			not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchan		nically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y

	EMIZED INDEPENDENT EXPENDITU	RES			PAGE 168 OF 317 FOR LINE 24 OF FORM 3X		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
۷۷	Vomen Speak Out PAC				C C00530766		
Che	eck if 24-hour report 48-hour repor	rt New repo	oort Amends repo		M		
٦	Full Name of Payee			Date of	of Public Distribution/Dissemination		
	Ana L Esquivel			M	11 20 7 2014		
	Mailing Address 284 Cr 1401			Amou	nt		
ŀ	City	State	Zip Code	-	69.00		
	Carthage	TX	75633		ction ID: 52de2189-dd17-4682-9 of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002	М	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Ì	Name of Federal Candidate		Support	Office Sough	t: House District: 00		
	Ms. Mary L Landrieu		Oppose	Preside			
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014	rt For: Primary X General		
Ì	Full Name of Payee				of Public Distribution/Dissemination		
Ī	Jennifer F Gilbert			I	11 20 2014		
	Mailing Address 180 McNeil Steep Hollow Rd	ł		Amou	int		
Ì	City	State	Zip Code		77.50		
	Carriere	MS	39426		oction ID : b1eec914-7e65-4bcf-b of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		11 20 / 2014		
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District: 00		
	Ms. Mary L Landrieu		Oppose	Preside			
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014	nt For: Primary		
_					thei (specify)		
	(a) SUBTOTAL of Itemized Independent Exper	nditures		·· •	146.50		
(	(b) SUBTOTAL of Unitemized Independent Ex	penditures		··· •	7		
(	(c) TOTAL Independent Expenditures			· .			
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature		_ Date	·			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 169 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Jennifer F Gilbert			M M /	20 / 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount	
City	State	Zip Code		41.70
Carriere	MS	39426		ca3d5398-8afb-4874-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee	_			Distribution/Dissemination
Hilary Townsend			M M /	20 2014
Mailing Address 4506 US Hwy 79 North			Amount	20 2017
City Deberry	State TX	Zip Code 75639		100.00 <b>64d754d2-2005-4ab2-9</b>
Purpose of Expenditure		0-1		sement or Obligation
Salary		Category/ Type 001	11	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursement For: 2014 Other (spec	Primary
			Outer (open	Sity) •
(a) SUBTOTAL of Itemized Independent Expenditure	'es		<b>&gt;</b>	141.70
(b) SUBTOTAL of Unitemized Independent Expendi	itures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures				
				7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Flectron	nically Filed]	M / D D	/ Y Y Y Y
Signature		Date	12 04	2014

#### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURI	ES		PAGE 170 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	80.00
Metairie	LA	70001	Transaction ID: 7db41675-e3ef-44e0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Evelyn Lesaicherre  Mailing Address 629 Radiance Ave			Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	5.10
Metairie	LA	70001	Transaction ID: e3c615c8-a9fe-46a6-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	itures		▶ 85.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	onically Filed]	M M M / D D / Y Y D Y Y D D A 2014

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 171 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed	on
Full Name of Payee		Date of Public Distribution/Dissemination
Taylor De Julian-Hernandez		11 20 Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401		Amount
City State Zip 0	Code	100.00
Carthage TX 756		Transaction ID: 959c28bc-69bd-421c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Car	tegory/ Type 001	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 50	5646.06 Disbut	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Taylor De Julian-Hernandez		11 20 / Y Y Y Y Y
Mailing Address 284 Cr 1401		Amount
City State Zip	Code	49.50
Carthage TX 756	333	Transaction ID: d355b3f8-e97e-4479-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Cat	tegory/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose Onic	President Senate State: LA
		Flesident State.
Calendar Year-To-Date Per Election for Office Sought 50	05646.06 2014	
_	<u>'</u>	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	149.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
	•	7 7 7
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 172 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination
	Mailing Address		11 20 7 2014
	1103 West Wilson Street		Amount
	City State	Zip Code	60.00
	Ville Platte LA	70586	Transaction ID: 9de1da1d-d9e7-4e1c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
	Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street		11 / 20 / 2014
	Troo West Wilson Street		Amount
	City State	Zip Code	34.80
	Ville Platte LA	70586	Transaction ID : 67938b65-a6ba-406f-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		94.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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16	EMIZED INDEPENDENT EXPENDITURES		PAGE 1/3 OF 31/ FOR LINE 24 OF FORM 3X
	MME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
П	Full Name of Payee		Date of Public Distribution/Dissemination
	Cynthia N Schmit		11 20 2014
	Mailing Address 2226 Taft Circle Apt 1		Amount
	City State	Zip Code	10.00
	Winchester VA	22601	Transaction ID : cef5b467-9192-4070-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jeanne Tribou		11 20 2014
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State	Zip Code	45.00
	Mandeville LA	70471	Transaction ID : f092e9e8-7f12-4d35-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary General 2014
	rei Lieutoff for Office Gought		Other (specify) -
	(a) SUBTOTAL of Itemized Independent Expenditures		> 55.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	Ms. Emily Buchanan [Electroni	ically Filed]	12 04 2014
	Signature	Date	2014

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)			
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 174 OF FOR LINE 24 OF FO	317 DBM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUM	
	Vomen Speak Out PAC		C C00530766	DEN V
Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on	YY
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemin	nation
			11 20 / 20	14
	Mailing Address 22369 Ponderosa Dr.		Amount	
	City State	Zip Code		4.80
	Mandeville LA	70471	Transaction ID: a782dcde-c4f3-486 Date of Disbursement or Obligation	
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 20 / Y Y Y	14
	Name of Federal Candidate	Support	Office Sought: House District:	00
	Ms. Mary L Landrieu	X Oppose	President State:	LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary 2014 Other (specify) ▶	General
	Full Name of Payee		Date of Public Distribution/Disseming	nation
	Jessica R Resendiz			14
	Mailing Address 9685 Paula St		Amount	
	City State	Zip Code	9	0.00
	Keithville LA	71047	Transaction ID : 61318819-d5ce-49 Date of Disbursement or Obligation	
	Purpose of Expenditure Salary	Category/ Type 001		014
	Name of Federal Candidate	Support	Office Sought: House District:	00
	Ms. Mary L Landrieu	Oppose	President State:	LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ 2014 ☐ Other (specify) ▶	General
				_
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 94.	30
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures		<b>&gt;</b>	
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPEN	DITURES			PAGE 175 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour	report New report	ort Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Jessica R Resendiz				11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amoun	
City	State	Zip Code	-	27.90
Keithville	LA	71047		tion ID: 08276204-be8e-4a97-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Sheri J Peace				11 20 2014
Mailing Address 9685 Paula St			Amoun	t
2"	Otala			100.00
City Keithville	State LA	Zip Code 71047		100.00 etion ID : d7342391-18b7-4d69-b
Purpose of Expenditure Salary		Category/ Type 001	M	f Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought:	: House District:00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent	Expenditures		<b>.</b>	127.90
(b) SUBTOTAL of Unitemized Independent	ent Expenditures			
(c) TOTAL Independent Expenditures			•	171171171
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	M M /	04 2014
Signature		Date	, ,,,	2014

#### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 176 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St			Amount
City	State	Zip Code	50.40
Keithville	LA	71047	Transaction ID: 667ed2c1-1e9d-4294-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Christopher Marquess  Mailing Address 110 W Pecan St			Date of Public Distribution/Dissemination  11 20 2014  Amount
City	State	Zip Code	50.00
Ville Platte	LA	70586	Transaction ID : 56cc5a69-2a11-409f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 20 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		▶ 100.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	onically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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CHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES	DIOS 477 OF 247
EMIZED INDEPENDENT EXPENDITURES	PAGE 177 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher Marquess	11 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St	Amount
City State	Zip Code 36.00
Ville Platte LA	70586 Transaction ID : ccaf0ad5-b6a3-42b3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 11 20 / 2014
Name of Federal Candidate	Support Office Sought: House District:00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Philip Elkins	11 20 Y Y Y Y Y Y
Mailing Address 227 Lincoln Dr	Amount
City State	Zip Code 40.00
Bossier City LA	71111 Transaction ID: 8137d947-be35-4dfe-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 20 2014
Name of Federal Candidate	Support Office Sought: House District:00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>•</b>
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	Slectronically Filed]  Date 12 04 2014

	CHEDULE E (FEC Form 3X)					
I	EMIZED INDEPENDENT EXPENDITURES				PAGE 178 FOR LINE 24	OF 317 4 OF FORM 3X
N.	AME OF COMMITTEE (In Full)			FEC II		N NUMBER ▼
١	Nomen Speak Out PAC			С	C00530766	
С	heck if 24-hour report 48-hour report New	ew report Amends	report filed o	on Man	/ D = D /	Y   Y   Y   Y
	Full Name of Payee			Date of Publi	c Distribution/E	Dissemination
	Philip Elkins			M M M	20	2014
	Mailing Address 227 Lincoln Dr			Amount		
	City State	Zip Code		· · · ·		7.53
	Bossier City LA	71111			D: a1629bef-83 ursement or O	
	Purpose of Expenditure Mileage	Category/ Type	002	M M 11	20	2014
	Name of Federal Candidate	Suppo	ort Office S	Sought:	House [	District: 00
	Ms. Mary L Landrieu	X Oppos	se F	President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disburs 2014	Sement For:	Primary	X General
	Full Name of Payee	,	·   L		ic Distribution/[	Dissemination
	Francesca Blom			M M	/ D D /	Y Y Y Y Y
	Mailing Address 101 Asbury Ct			Amount	20	2014
	City State	Zip Code		· · · ·		95.00
	Winchester VA	22602			D: 9d35985c-dursement or O	d858-43a0-a
	Purpose of Expenditure Salary	Category/ Type	001	11	20	2014
	Name of Federal Candidate	Suppo	ort Office	Sought:	House [	District: 00
	Ms. Mary L Landrieu	Oppos		President [	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disburs 2014	sement For: Other (s	Primary	X General
	(a) SUBTOTAL of Itemized Independent Expenditures	,	, [	Other (s	респу) Р	102.52
	(a) SUBTOTAL OF REHIZED INDEPENDENT EXPENDITURES			-	7	102.53
	(b) SUBTOTAL of Unitemized Independent Expenditures		······ <b>•</b>			
	(c) TOTAL Independent Expenditures		······ •			
	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authoraty committee) any political party committee or its agent.					
	Ms. Emily Buchanan		M	M / D D	/ * * *	Y

[Electronically Filed]

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Date

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TEMIZED INDEPE	NDENT EXPENDIT	URES					PAGE 179 FOR LINE 2	OF 317 24 OF FORM 3X
NAME OF COMMITTEE Women Speak	• •							ON NUMBER ▼
						C	C00530766	
Check if 24-hour re	eport 48-hour repo	ort New rep	ort Amer	nds repo	ort filed	on M M	/ D D /	Y Y Y Y
Full Name of Payer	)					Date of Pul	olic Distribution	/Dissemination
Darius Beverly						11	20	2014
Mailing Address	57 Bishop Drive					Amount		
City		State	Zip Code					55.00
Avondale		LA	70094				ID: 611618ae- bursement or 0	
Purpose of Expend Salary	iture		Category/ Type	001		11	20	2014
Name of Federal C	andidate		Su	pport	Office	Sought:	House	District:00
Ms. Mary L Landrie	u		X Op	pose		President	X Senate	State:LA
Calendar Year- Per Election fo	To-Date or Office Sought		505646.06		Disbu 2014	orsement For:	Primary  Specify) ▶	K General
Full Name of Payer Ms. Dinah Be						M M	blic Distribution	Y = Y = Y
Mailing Address	57 Bishop Drive					Amount	20	2014
City		State	Zip Code					55.00
Avondale		LA	70064				ID: d05aa67d	-94c6-4487-9
Purpose of Expend Salary	iture		Category/ Type	001		11	/ 20 /	2014
Name of Federal C	andidate		Su	pport	Office	e Sought:	House	District:00
Ms. Mary L Landrie	u		X Op	pose		President	X Senate	State: LA
Calendar Year- Per Election fo	To-Date or Office Sought		505646.06		Disbu 2014		: Primary	General
•								
(a) SUBTOTAL of It	emized Independent Exp	enditures			• •		, ,	110.00
(b) SUBTOTAL of U	Initemized Independent E	Expenditures			. •		<del></del>	
(c) TOTAL Independ	lent Expenditures				•		7 7	
with, or at the reque	rjury I certify that the inc st or suggestion of, any political party committed	candidate or authorized						
Ms. Emi	ly Buchanan	[Electron	ically Filed]	D-2	M 1:	2 04		у ч у 4
Signature		1		Date	, L'	- 04	201	

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES	PAGE 180 OF 317 FOR LINE 24 OF FORM 3X
WAME OF COMMITTEE (In Full) Women Speak Out PAC	DENTIFICATION NUMBER ▼  C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Ms. Dinah Beverly  Mailing Address  157 Bishop Drive  Amount  City  Avondale  LA  70064  Transaction Date of Dis  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date  Mileage  Disbursement For	4.80 4.80 4.80 4.80 4.80 4.80 4.80 4.80
Other	(specify) ► ublic Distribution/Dissemination  / Description / Yes
Purpose of Expenditure  Category/  Category/	
Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Support  Office Sought:  Oppose  President  Disbursement For 2014  Other	20 2014  House District:
(a) SUBTOTAL of Itemized Independent Expenditures	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12 04	

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITUR	RES			PAGE 181 OF 317
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Women Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
·				C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee				Date of Public Distribution/Dissemination
Carl Brent				11 20 2014
Mailing Address 6718 Lake Willow Dr				Amount
City	State	Zip Code		14.10
New Orleans	LA	70126	-	Transaction ID : d28ebd69-a2fa-4263-9
Purpose of Expenditure				Date of Disbursement or Obligation
Mileage		Category/ Type 002		11 20 7 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbur 2014	rsement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Cynthia J Christmas				11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St				Amount
				Amount
City	State	Zip Code		60.00
New Orleans	LA	70116		Transaction ID: a0f7ea54-1153-47eb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District:00
Ms. Mary L Landrieu		Oppose		President X Senate State: LA
Calendar Year-To-Date			Disbu	rsement For: Primary General
Per Election for Office Sought		505646.06	2014	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		>	74.10
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		·· •	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	<sub>a</sub> 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

12

Date

### SC ITE

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 182 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repor	ort filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination  11 20 2014
Mailing Address 1731 Frenchmen St			Amount
'		Zip Code 70116	9.00 Transaction ID : 7ecb0e49-6f5f-45d1-9
			Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination
Mailing Address 211 Dixie Ave			Amount
City St	State	Zip Code	67.50
	VA	22801	Transaction ID: 76902696-e37f-466b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<u> </u>	Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			> 76.50
(b) SUBTOTAL of Unitemized Independent Expenditures	;s		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o			not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	12	04	2014
Signature					

TEMIZED INI	DEPENDENT EXPENDITURES	S			PAGE 183 OF 317 FOR LINE 24 OF FORM 3X
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	peak Out PAC				C C00530766
Check if 24	l-hour report 48-hour report	New repo	ort Amends re	eport filed on	M = M / D = D / Y = Y = Y
Full Name of Michael B	of Payee 3 Fuhrmann			Da	ate of Public Distribution/Dissemination
Mailing Addre					11 20 2014
Waning	329 Columbia St			Am	nount
City		State	Zip Code		25.00
Shreveport		LA	71104		nsaction ID : f83e03fb-54f7-4d4c-9 ate of Disbursement or Obligation
Purpose of E Salary	Expenditure		Category/ Type 00		11 20 / 2014
Name of Fed	deral Candidate		Support	Office Sou	ught: House District: 00
Ms. Mary L L	Landrieu		X Oppose		sident Senate State: LA
	ar Year-To-Date ection for Office Sought	7 7	505646.06	Disbursen 2014	
Full Name o Michael	of Payee B Fuhrmann			Da	ate of Public Distribution/Dissemination
Mailing Addr	ress 329 Columbia St			An	mount
City		State	Zip Code	— Г	1.80
Shreveport		LA	71104		nsaction ID : 8765334e-742b-44cf-9 ate of Disbursement or Obligation
Purpose of E Mileage	Expenditure		Category/ Type 002		11 20 / 2014
Name of Fe	ederal Candidate		Support	Office So	ought: House District: 00
Ms. Mary L I	Landrieu		X Oppose		esident State: LA
	lar Year-To-Date ection for Office Sought	7 7	505646.06	Disburser 2014	ment For:
(a) SUBTOT/	<b>AL</b> of Itemized Independent Expenditu	ures			26.80
(b) SUBTOTA	AL of Unitemized Independent Expendent	ditures		···· •	1 7 1 7 1 7
(c) TOTAL In	ndependent Expenditures			···· <b>\</b>	
with, or at the		idate or authorized			in cooperation, consultation, or concert (if the reporting entity is not a political
i	Ms. Emily Buchanan	[Electron	nically Filed]	ate 12	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			Da	ate 12	2014

	EMIZED INDEPENDENT EXPENDI	•			PAGE 184 OF 317 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
١	Nomen Speak Out PAC				C C00530766
С	heck if 24-hour report 48-hour re	port New re	eport Amends rep	ort filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Christine Stevens				Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct				Amount
	City	State	Zip Code		70.00
	Winchester	VA	22602		Transaction ID: 470c22b1-ff1a-46b4-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee  Jazmine d Conner				Date of Public Distribution/Dissemination
	Mailing Address 100 ASBURY CT				Amount
	City	State	Zip Code		70.00
	WINCHESTER	VA	22602		Transaction ID : 57db3c9d-45a0-4bc2-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 20 7 2014
	Name of Federal Candidate		Support	Office	e Sought: House District:00
	Ms. Mary L Landrieu		Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Ex	xpenditures		··· <b>•</b>	140.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		··· <b>•</b>	
	(c) TOTAL Independent Expenditures			··· <b>•</b>	
	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorize			
	Ms. Emily Buchanan	[Electro	onically Filed] Dat	te 1:	2 04 2014

Date

TEN	MIZED INDEPENDENT EXPENDITURES					PAGE 185 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C C00530766
Che	eck if 24-hour report 48-hour report New re	report	t Ame	ends repo	ort filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee					Date of Public Distribution/Dissemination
	Jon E Conner					11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Asbury Ct					Amount
-	City State	Z	Zip Code			70.00
-	Winchester VA		22602			Transaction ID: 486e83d4-fab2-4521-a Date of Disbursement or Obligation
_	Purpose of Expenditure Salary	(	Category/ Type	001		11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		s	upport	Office	e Sought: House District: 00
	Ms. Mary L Landrieu			ppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06		Disbu 2014	orsement For: Primary
ľ	Full Name of Payee Rodney O Culbreath					Date of Public Distribution/Dissemination
-	Mailing Address 100 Asbury Ct					11 20 2014
	100 Abbuty Ot					Amount
	City State	Z	Zip Code			70.00
	Winchester VA	2	22602			Transaction ID: 39c9d76b-15ba-4104-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	(	Category/ Type	001		11 20 / 2014
Ì	Name of Federal Candidate		s	Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu			ppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06		Disbu 2014	ursement For: Primary X General  Other (specify) ▶
(;	a) SUBTOTAL of Itemized Independent Expenditures					140.00
,,	1) SOBIOTAL OF HOMEZON HINOPORNOSIN EXPONENTIACION					170.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures				• •	
(0	c) TOTAL Independent Expenditures				•	
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electr	ronica	ally Filed]	Date	M 12	2 04 2014
	Signature			Date		

IEN	WIZED INDEPENDENT EXPENDITURES		PAGE 186 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) omen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
۷۷۷	men Speak Out FAC		C C00530766
Chec	ck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
L	Rodney D Culbreth		11 20 / Y Y Y Y
ľ	Mailing Address 100 Asbury CT		Amount
	3200 Dam Neck Rd  City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID : 2c1fd8b3-6f44-4fe4-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Rze Culbreath		11 20 / 2014
	Mailing Address 100 Asbury Ct		Amount
	City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID: 12d8d64c-7fe0-4450-a  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014  Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		▶ 140.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures		·
(c	c) TOTAL Independent Expenditures		<b>•</b>
Wİ	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.	•	·
	Ms. Emily Buchanan [Electroni	ically Filed]	12 04 2014
	Signature	Date	12 04 2014

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 187 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on
	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		11 20 2014 Amount
	City State	Zip Code	94.00
	Salisbury	28147	Transaction ID: 8142c977-b831-4e6b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 20 / Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary General  2014  Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Colton R Overcash		Date of Public Distribution/Dissernination
	Mailing Address 121 Ohara Dr		Amount
	City State	Zip Code	68.40
	Salisbury	28147	Transaction ID : 968964d3-0b6c-4f4d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		162.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y Y

[Electronically Filed]

12

Date

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TEMIZED INDEPENDENT EXPEN	DITURES		PAGE 188 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on Mam / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Jerome M Weil			11 21 2014
Mailing Address 101 Durham Drive			Amount
City	State	Zip Code	35.00
Lafayette	LA	70508	Transaction ID : 1c74a8f6-33e5-4080-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 21 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination  11 21 2014
Mailing Address 101 Durham Drive			Amount
City	State	Zip Code	9.00
Lafayette	LA	70508	Transaction ID : 2cfcb891-2784-4a40-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 21 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		▶ 44.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		-
(c) TOTAL Independent Expenditures			•
	any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed]	12 04 2014
Signature		Date	, 12 04 2014

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 189 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC				C C00530766
_ Cr	neck if 24-hour report 48-hour report	New repo	ort Amends re	eport filed	I on Mam / Dad / Yayayay
	Full Name of Payee Joshua J Huffman				Date of Public Distribution/Dissemination
	Mailing Address 211 Dixie Ave				11 21 2014 Amount
	City Si	State	Zip Code		45.00
	Harrisonburg V	VA	22801		Transaction ID : 9179bd8d-46bc-4e62-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	01	11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For:
	Full Name of Payee				Date of Public Distribution/Dissemination
	Laura U Logie				11 21 2014
	Mailing Address 2565 Shire Circle				Amount
	City S	State	Zip Code		30.00
	<b>l</b> '	VA	22801		Transaction ID : e86f2e2c-832b-467e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	)1	11 21 2014
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For:  Primary
				'	
	(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	75.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	:S		····· <b>&gt;</b>	
	(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed]	ate 1	2 04 2014
	Signature		_		

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDI			PAGE 190 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour re	port New re	eport Amends repo	ort filed on
Full Name of Payee Maegan E McDaniel			Date of Public Distribution/Dissemination
Mailing Address 3009 Skelly St			Amount
City	State	Zip Code	30.00
Shreveport	LA	71107	Transaction ID: 740eb62c-565a-4e8d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary
Full Name of Payee Maegan E McDaniel  Mailing Address 3009 Skelly St			Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	4.80
Shreveport	LA	71107	Transaction ID : 4bfd5387-4506-428d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 21 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		> 34.80
(b) SUBTOTAL of Unitemized Independent	Expenditures		
(c) TOTAL Independent Expenditures			•
	y candidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electr	onically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPEND	DITURES			PAGE 191 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Bobbie M Steinsholt				of Public Distribution/Dissemination
Mailing Address 3009 Skelly St			L	11 21 2014
			Amou	unt
City	State	Zip Code		30.00
Shreveport	LA	71107		action ID: 16ba14fa-24c6-4642-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 21 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014	
Full Name of Payee				of Public Distribution/Dissemination
Amanda Boley				11 21 2014
Mailing Address Split Oak Drive			Amou	unt
City	State	Zip Code		35.00
charlotte	NC	28227		action ID: 715ff4bd-0b7d-4d86-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 21 2014
Name of Federal Candidate		Support	Office Sough	ht: House District:00
Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014	
				Other (specify)
(a) SUBTOTAL of Itemized Independent	Expenditures		· -	65.00
(b) SUBTOTAL of Unitemized Independe	nt Expenditures			
(c) TOTAL Independent Expenditures			· -	4
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed]	12 /	04 2014
Signature		Date	12	2014

TEMIZED INDEPENDENT EXPENDITUI	RES			PAGE 192 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Amanda Boley			Dat	te of Public Distribution/Dissemination
				11 21 2014
Mailing Address Split Oak Drive			Am	ount
City	State	Zip Code		18.00
charlotte	NC	28227		saction ID : 7d6b61f4-6f97-4ac3-a te of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ught: House District:00
Ms. Mary L Landrieu		Oppose	Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursem 2014	
Full Name of Payee			Da	te of Public Distribution/Dissemination
Virginia T Grant				11 21 2014
Mailing Address 134 Shore Crest Circle			Am	nount
City	State	Zip Code		40.00
Carrire	MS	39426		nsaction ID : 9b90fa3b-44e9-4ac2-9 te of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 21 2014
Name of Federal Candidate		Support	Office Sou	ught: House District: 00
Ms. Mary L Landrieu		Oppose	Pre	sident State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursem 2014	
				Other (specify) -
(a) SUBTOTAL of Itemized Independent Exper	nditures			58.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures			
(c) TOTAL Independent Expenditures			· •	
Under a scalar of regions I contify that the index				and the second second
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M	/ DD  / Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y
Signature		_ bale	,	2011

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 193 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C	C00530766
 Ch	neck if 24-hour report 48-hour report New report	port Amends repor	rt filed on	D = D / Y = Y = Y
	Full Name of Payee		Date of Public	: Distribution/Dissemination
	Virginia T Grant		M M /	21 / 2014
	Mailing Address 134 Shore Crest Circle		Amount	
	City State	Zip Code		7.50
	Carrire MS	39426		: 5a002577-d3b1-4ac5-8 rsement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11	21 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	X Oppose	President >	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (spe	Primary ⊠ General
	Full Name of Payee		Date of Public	Distribution/Dissemination
	Virginia T Grant		11 /	21 / 2014
	Mailing Address 134 Shore Crest Circle		Amount	
	City State	Zip Code		40.00
	Carrire MS	39426		: 1847a2d8-73e8-42c4-8 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M = M /	21 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
•	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	47.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
_	(c) TOTAL Independent Expenditures		<b>•</b>	7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electroni	nically Filed] Date	12 04	2014
	Signature			

# S

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 194 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		
Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
		C C00530766
Check if 24-hour report 48-hour report New report	Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Virginia T Grant		11 21 2014
Mailing Address 134 Shore Crest Circle		Amount
City State Zi	ip Code	7.50
	39426	Transaction ID: 3bec30d7-c6c2-4ee3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Tammay Williams		11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St		Amount
City State Z	ip Code	80.00
New Orleans LA 7	70116	Transaction ID : 711c5bbe-4f04-4b5a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Command	Office Sought: House District: 00
Ms. Mary L Landrieu	Support Oppose	Office Sought. Trouse District.
<u> </u>		Fresiderit Seriale State.
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
	<u>'</u>	
(a) SUBTOTAL of Itemized Independent Expenditures		87.50
(b) SUBTOTAL of Unitemized Independent Expenditures		·
		4 4
(c) TOTAL Independent Expenditures		<b>)</b>
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPENDITURES	PAGE 195 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out i Ao	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	B   M
Tammay Williams	of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St	11 21 2014
Amour	
City State Zip Code	18.00
Date of Expanditure	of Disbursement or Obligation
	11 21 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu  Ms. Mary L Landrieu  Oppose  Preside	Trodoc Bistriot.
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  Office Sought	
	of Public Distribution/Dissemination
Reau Autin	W M / D D / Y Y Y Y
Mailing Address 345 Auroura Ave Amou	11 21 2014
Alliou	
City State Zip Code	40.00
Date of	of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 / 21 / 2014
Name of Federal Candidate Support Office Sough	nt: House District:00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2014  O	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	58.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	141141
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	04 / 2014

T	EMIZED INDEPENDENT EXPENDITURES		PAGE 196 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)  Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen speak Out FAC		C C00530766
Cł	heck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
_	Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination
	Mailing Address 345 Auroura Ave		Amount
	City State	Zip Code	1.86
	Metairie LA	70006	Transaction ID : dde5d4b0-2b43-4426-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Antoinette Franklin		11 21 2014
	Mailing Address 8822 Apple St		Amount
	City State	Zip Code	60.00
	New Orleans LA	70188	Transaction ID : e5647dcd-054c-449c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
_	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Gher (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 61.86
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	

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	E E (FEC Form 3X)	_			_		
TEMIZED II	NDEPENDENT EXPENDITURES	5				GE 197 R LINE 24	OF 317 OF FORM 3X
	MMITTEE (In Full)				<u> </u>		N NUMBER ▼
Women S	Speak Out PAC				C C00	530766	
Check if 2	24-hour report 48-hour report	New rep	oort Amends	report filed on	M = M / D	D /	Y Y Y Y Y
Full Name	of Payee tte Franklin			Date	of Public Dis	stribution/D	issemination
Mailing Ad	droop				11 /	21	2014
Walling Ad	8822 Apple St			Amo	unt		
City		State	Zip Code				13.50
New Orlea	ns	LA	70188		action ID: 1a of Disburser		
Purpose o Mileage	f Expenditure		Category/ Type	002	11 /	21 /	2014
Name of F	ederal Candidate		Suppor	t Office Soug	ıht:	House Di	istrict: 00
Ms. Mary	Landrieu		X Oppose	e Presi	dent X S	Senate	State: LA
	dar Year-To-Date Election for Office Sought	7 1 7	505646.06	Disburseme 2014	ent For: Other (specify	Primary y) ▶	X General
Full Name Sheri	of Payee J Peace			Date	of Public Di	stribution/D	Dissemination 2014
Mailing Ac	ldress 9685 Paula St			Amo		21	2014
City		State	Zip Code				40.00
Keithville		LA	71047		saction ID: a		
Purpose of Salary	f Expenditure		Category/ Type	001	11 /	21 /	2014
Name of I	Federal Candidate		Suppo	rt Office Sou	ght: F	House D	istrict:00
Ms. Mary	L Landrieu		X Oppos	e Presi	dent X	Senate	State: LA
	ndar Year-To-Date Election for Office Sought	7	505646.06	Disburseme 2014	ent For: Other (specif	Primary y) ►	X General
(a) SUBTO	TAL of Itemized Independent Expenditu	ıres		···· <u> </u>	7		53.50
(b) SUBTO	TAL of Unitemized Independent Expend	ditures		····· • [		7	
(c) TOTAL	Independent Expenditures			····· • [			
with, or at t	alty of perjury I certify that the independ he request or suggestion of, any candic littee) any political party committee or its	date or authorized					
	Ms. Emily Buchanan			ММ	D D /	YYY	/ Y

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Date

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TEMIZED INDEPENDENT EXPENDITURES	PAGE 198 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
Check if 24-hour report 48-hour report New report Amends report	filed on Man / Dab / Yayayay
Full Name of Payee Sheri J Peace	Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St	11 21 2014
	Amount
City State Zip Code	27.60
Keithville LA 71047	Transaction ID: b5485e7c-298b-4167-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	11 21 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu   Oppose	President Senate State: LA
Calendar Year-To-Date	Disbursement For: Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jessica R Resendiz	M M / D D / Y Y Y Y
Mailing Address 9685 Paula St	11
Chata Zin Code	70.00
City State Zip Code  Keithville LA 71047	Transaction ID : c0447d97-ff3c-4414-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	President State: LA
	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	97.60
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TE	EMIZED INDEPENDENT EXPENDITURES	j.			PAGE 199 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Nomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	New repo	port Amends repo		/
	Full Name of Payee Jessica R Resendiz				of Public Distribution/Dissemination
	Mailing Address 9685 Paula St			Amou	
	City	State	Zip Code	-	30.90
	Keithville	LA	71047		action ID : c706e7d2-de69-4763-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 21 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	lent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursemen 2014 O	nt For:
	Full Name of Payee Darius Beverly				of Public Distribution/Dissemination
	Mailing Address 157 Bishop Drive			Amou	11 21 2014 unt
	City	State	Zip Code		60.00
	Avondale	LA	70094		action ID: 60c24834-459c-4a39-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 / 21 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014 C	nt For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditure	'es			90.90
	(b) SUBTOTAL of Unitemized Independent Expendit	itures		·· •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(c) TOTAL Independent Expenditures			· ·	7
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 12	04 / 2014
	Signature				

	CHEDULE E (FEC Form 3X)		
H	EMIZED INDEPENDENT EXPENDITURES		PAGE 200 OF 317 FOR LINE 24 OF FORM 3X
N/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC		
			C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends report	filed on M M / D D / Y Y Y Y Y
	Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination
	Mailing Address 157 Bishop Drive		11 21 2014
	ior Biolog Birit		Amount
	City State	Zip Code	60.00
	Avondale LA	70064	Transaction ID: 27a1b4c2-bc79-4632-b
	Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Salary	Type 001	11 21 2014
	Name of Federal Candidate	Support C	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
			Other (specify)
	Ms. Dinah Beverly		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 157 Bishop Drive		Amount
	City State	Zip Code	7.50
	Avondale LA	70064	Transaction ID: 2779f2eb-1558-4a49-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014
	Name of Federal Candidate	Support C	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
			27.50
	(a) SUBTOTAL of Itemized Independent Expenditures	)	67.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures	)	
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms Emily Ruchanan		

[Electronically Filed]

Date

2014

TEI	MIZED INDEPENDENT EXPENDITURES	j			PAGE 201 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Yomen Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
VV	offier Speak Out FAC				C C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
T	Full Name of Payee Susan K Hamby				of Public Distribution/Dissemination
-	Mailing Address 202 Violet St			Amou	11 21 2014 unt
-	City	State	Zip Code	-	35.00
- 1	West Monroe	LA	71292		action ID: bb5c8ebb-69c7-4693-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 21 2014
$\downarrow$	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursemen 2014	nt For: Primary X General  Other (specify) ▶
	Full Name of Payee Susan K Hamby			_	of Public Distribution/Dissemination
	Mailing Address 202 Violet St			Amou	
	City	State	Zip Code	$  $ $\Box$	1.65
	West Monroe	LA	71292		action ID: a9b06055-1642-4e8a-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\exists \mid \complement$	11 / 21 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursemer 2014	nt For:
(;	(a) SUBTOTAL of Itemized Independent Expenditure	res			36.65
<b>(</b> I	(b) SUBTOTAL of Unitemized Independent Expendi	litures			
(0	(c) TOTAL Independent Expenditures			· •	
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidates carty committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]	n 12 /	04 2014
	Signature		Date	, 12	2014

	EMIZED INDEPENDENT EXPENDITURES			PAGE 202 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC			C C00530766
 Ch∘	neck if 24-hour report 48-hour report Ne	ew report Amend	ds report file	ed on Man / Dad / Yayayay
	Full Name of Payee			Date of Public Distribution/Dissemination
	Stephanie L Heun			11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 8026 S Wilwood Dr Apt 101			Amount
	City State	Zip Code		11.60
	Oak Creek WI	53154		Transaction ID: 01a94834-92f9-4c2f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type	001	11 / 21 / 2014
	Name of Federal Candidate	Supp	port Off	fice Sought: House District:00
	Ms. Mary L Landrieu	X Oppo		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Dis 201	sbursement For: Primary X General 14 Other (specify) ▶
	Full Name of Payee			Date of Public Distribution/Dissemination
	Francis Richardson			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 220 Depart Rd			11 21 2014
	220 Doucet Rd			Amount
	City State	Zip Code		35.00
	Lafayette LA	70503		Transaction ID : 31fd28f8-4ab8-4875-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type	001	11 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Supp	poort Of	fice Sought: House District: 00
	Ms. Mary L Landrieu	X Opp		President State: LA
	Calendar Year-To-Date	505646.06		sbursement For: Primary X General
	Per Election for Office Sought	000040.00		Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		······	46.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		······	
	(c) TOTAL Independent Expenditures		··············	
١	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [El	[lectronically Filed]	Data	12 04 2014
	Signature		Date	2014

TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 203 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour rep	port New repo	oort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Francis Richardson				of Public Distribution/Dissemination
Mailing Address			L	11 21 2014
220 Doucet Rd			Amo	unt
City	State	Zip Code		1.02
Lafayette	LA	70503		action ID : e9cd5bfa-21c0-4fc6-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	] [	11 21 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For:
Full Name of Payee Alice K Salazar			Date	e of Public Distribution/Dissemination
Mailing Address 605 W Houston St			Amo	
City	State	Zip Code		80.00
Marshall	TX	75633		saction ID : d4097fad-f521-4c72-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	] [	11 21 / 2014
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Exp	penditures		· [	81.02
(b) SUBTOTAL of Unitemized Independent	Expenditures	·····	· • [	
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed]	M M /	04 2014
Signature	- Electronic	Date	12	2014

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 204 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
			11 21 2014
	Mailing Address 605 W Houston St		Amount
	City State	Zip Code	57.90
	Marshall TX	75633	Transaction ID : 1ecfe08d-d029-406f-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Ana L Esquivel		11 21 2014
	Mailing Address 284 Cr 1401		Amount
	City State	Zip Code	100.00
	Carthage TX	75633	Transaction ID : fa6c09b3-1ac5-40c7-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
		Z opposi	Disbursement For: Primary X General
	Calendar Year-To-Date Per Election for Office Sought	505646.06	2014 Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		. • 157.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)					
TΕ	EMIZED INDEPENDENT EXPENDITURES			PAGE 205 OF 317 FOR LINE 24 OF FORM 3X		
V/	ME OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER ▼		
۷	Vomen Speak Out PAC		The second secon	C C00530766		
Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y		
	Full Name of Payee Hilary Townsend		Date of			
	Mailing Address 4506 US Hwy 79 North		1 Amount	لىنىا لىا ك		
	City State	Zip Code		100.00		
	Deberry TX  Purpose of Expenditure	75639		ion ID : a3cc42e4-f88a-4988-b Disbursement or Obligation		
	Salary	Category/ Type 001	M 1			
	Name of Federal Candidate	Support	Office Sought:	House District:00		
	Ms. Mary L Landrieu	X Oppose	Presiden	t X Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement 2014 Oth	For:  Primary		
	Full Name of Payee		Date of	Public Distribution/Dissemination		
	Taylor De Julian-Hernandez  Mailing Address 284 Cr 1401			1 21 2014		
	284 GF 1401		Amount	:		
	City State	Zip Code		100.00		
	Carthage TX	75633		tion ID: 38d7b3b3-4e39-4bd0-8 Disbursement or Obligation		
	Purpose of Expenditure Salary	Category/ Type 001	1	21 2014		
	Name of Federal Candidate	Support	Office Sought:	House District:00		
	Ms. Mary L Landrieu	Oppose	Presiden	nt Senate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement 2014 Oth	For: Primary General er (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures					
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	7		
	(c) TOTAL Independent Expenditures		· ·	4 4		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					

[Electronically Filed]

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Date

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### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURE	S		PAGE 206 OF 317 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on M M / D D / Y Y Y Y Y	
Full Name of Payee Taylor De Julian-Hernandez  Mailing Address 284 Cr 1401			Date of Public Distribution/Dissemination  11 21 2014  Amount	
City	State	Zip Code	52.80	
Carthage	TX	75633	Transaction ID : 9d19ac0b-7405-4606-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		Support    Support   Oppose	President X Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elvis Spears  Mailing Address 2150 Hope St			Date of Public Distribution/Dissemination  M M M 21 2014  Amount	
City	State	Zip Code	35.00	
New Orleans	LA	70119	Transaction ID: c7843c80-c483-470b-a Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 21 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· <b>&gt;</b>	
(c) TOTAL Independent Expenditures				
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political	
Ms. Emily Buchanan	[Electro	onically Filed]	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	

# S

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 207 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination
	<u> </u>		11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2150 Hope St		Amount
	City State	Zip Code	10.50
	New Orleans LA	70119	Transaction ID: dc2ce21b-8ada-482d-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination
	Mailing Address 101 Asbury Ct		11 / 21 / 2014
	101 Asbury Ct		Amount
	City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID : fb0b57c4-5fef-4825-9  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Gther (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		80.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		•
			7 7 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURE	ES		PAGE 208 OF 317 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New	report Amends report file	ed on Man / Dad / Yayayay	
Full Name of Payee			Date of Public Distribution/Dissemination	
Cynthia N Schmit			11 21 2014	
Mailing Address 2226 Taft Circle Apt 1			Amount	
City	State	Zip Code	10.00	
Winchester	VA	22601	Transaction ID: 03069ee8-54e1-4dfe-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 / 21 / 2014	
Name of Federal Candidate		Support Off	fice Sought: House District:00	
Ms. Mary L Landrieu		Support On One	President X Senate State: LA	
Out and an Versit To Date			sbursement For: Primary X General	
Calendar Year-To-Date Per Election for Office Sought		505646.06 201		
Full Name of Payee			Date of Public Distribution/Dissemination	
ERIC TABARY			11 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code	65.00	
METAIRIE	LA	70003	Transaction ID: 70cb20ca-ded1-49fd-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 21 2014	
Name of Federal Candidate		Support Off	fice Sought: House District: 00	
Ms. Mary L Landrieu		Oppose	President X Senate State: LA	
Calendar Year-To-Date		Dis	sbursement For: Primary X General	
Per Election for Office Sought			Other (specify)	
(a) CURTOTAL of Hamizad Indonondant Evnandi	4		75.00	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Exper	nditures	·····		
(c) TOTAL Independent Expenditures				
(6) 10112 110000110111 2100111111111111111		P		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	didate or authori			
Ms. Emily Buchanan	[Elecı	tronically Filed] Date	M	
0: 1				

T	EMIZED INDEPENDENT EXPENDITURES		PAGE 209 OF 317 FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Nomen Speak Out PAC		C C00530766			
- Cł	heck if 24-hour report 48-hour report New report	port Amends repo	ort filed on			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	ERIC TABARY		11 21 2014			
	Mailing Address 6101 NORA ST		Amount			
	City State	Zip Code	2.10			
	METAIRIE LA	70003	Transaction ID: 383b3bc7-07f5-4d27-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 21 / 2014			
	Name of Federal Candidate	Support	Office Sought: House District:00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Christopher L Gilbert		11 21 2014			
	Mailing Address 55 Lovell Johnson Rd		Amount			
	City State	Zip Code	80.00			
	Picayune MS	39466	Transaction ID: c2e4caf3-47d6-4eec-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures					
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electron.	nically Filed]	12 04 2014			
	Signature	Date	, 12 04 2014			

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	CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES			DAGE 242 OF 247
	MIZED INDEPENDENT EXPENDITURES			PAGE 210 OF 317 FOR LINE 24 OF FORM 3X
NΑ	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC			C C00530766
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee		Date	e of Public Distribution/Dissemination
	Christopher L Gilbert			M M / D D / Y Y Y Y Y Y 1 Y 1 1 21 2014
	Mailing Address 55 Lovell Johnson Rd		Amo	
	City State	Zip Code	— r	47.10
	Picayune MS	39466	Trans	saction ID : 868bf7db-3494-43b9-a
		1		e of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002		11 21 / 2014
	Name of Federal Candidate	Support	Office Sou	ght: House District: 00
	Ms. Mary L Landrieu	Oppose	Pres	ident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disburseme 2014	ent For: Primary X General  Other (specify) ▶
	Full Name of Payee			e of Public Distribution/Dissemination
	Eva M Johnston			M M / D D / Y Y Y Y Y 1 1 2014
	Mailing Address 2517 N 47th St		Ame	punt
	City State	Zin Codo	<u> </u>	35.00
	Milwaukee WI	Zip Code 53210		saction ID : 11f69b46-fabf-4122-b e of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001		11 / 21 / 2014
	Name of Federal Candidate	Support	Office Sou	ght: House District: 00
	Ms. Mary L Landrieu	Oppose		ident X Senate State: LA
	Calendar Year-To-Date		Disbursem	
	Per Election for Office Sought	505646.06	2014	Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		. [	82.10
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	4 4
	(c) TOTAL Independent Expenditures		•	7 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed]	M M M	04 2014

Date

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		CHEDULE E (FEC Form 3X)				
ΓΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 211 OF 317 FOR LINE 24 OF FORM 3X			
٧A	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
	Vomen Speak Out PAC		C C00530766			
_			0 00000100			
Эh	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on			
	Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination			
	Mailing Address		11 / 21 / 2014			
	2329 Runnymede Dr		Amount			
	City State	Zip Code	40.00			
	Marrero LA	70072	Transaction ID : e9bbb682-cff8-4476-a Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination			
	Mailing Address 2329 Runnymede Dr		11 21 2014 Amount			
	City State	Zip Code	9.00			
	Marrero LA	70072	Transaction ID: 5420114a-0981-469d-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 49.00			
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •			
	(c) TOTAL Independent Expenditures					
_			4 4			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•				

Ms. Emily Buchanan [Electronically Filed] 12 04 2014 Date Signature

Check if

City

Metairie

NAME OF COMMITTEE (In Full) Women Speak Out PAC

> Full Name of Payee **Evelyn Lesaicherre**

Purpose of Expenditure

Mailing Address

24-hour report

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

629 Radiance Ave

48-hour report

New report

Zip Code

70001

State

LA

PAGE 212 OF 317 FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼  C C00530766  Amends report filed on			
Amends report filed on  Date of Public Distribution/Dissemination  M 1			
Amends report filed on  Date of Public Distribution/Dissemination  M 1			
Date of Public Distribution/Dissemination    March   Date of Public Distribution/Dissemination			
Amount  Be 80.00  Transaction ID: d8d1f398-d711-4405-a Date of Disbursement or Obligation  Support Office Sought: House District: 00 Oppose President Senate State: LA  Disbursement For: Primary General  Other (specify)  Date of Public Distribution/Dissemination  M M M D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Amends repor	rt filed	
Amount  Be 80.00  Transaction ID: d8d1f398-d711-4405-a Date of Disbursement or Obligation  M 1 21 2014  Support Office Sought: House District: 00  Coppose President Senate State: LA  Disbursement For: Primary General  2014 Other (specify)  Date of Public Distribution/Dissemination  M 1 21 2014  Amount  Date of Disbursement or Obligation  M 1 21 2014  Amount  Date of Disbursement or Obligation  M 1 21 2014  Amount  Disbursement or Obligation  M 1 21 2014  Amount  Disbursement For: Primary General  Coppose President Senate State: LA  Disbursement For: Primary General  Other (specify)			Date of Public Distribution/Dissemination
Transaction ID: d8d1f398-d711-4405-a Date of Disbursement or Obligation  Type 001  Support Office Sought: House District: 00 Oppose President Senate State: LA  Disbursement For: Primary General Construction ID: f88c310b-67fd-45f3-a Date of Disbursement or Obligation  Transaction ID: f88c310b-67fd-45f3-a Date of Disbursement or Obligation			
Transaction ID: d8d1f398-d711-4405-a Date of Disbursement or Obligation    Support			Amount
Date of Disbursement or Obligation    Date of Disbursement or Obligation   Date of President   Senate   State:   LA	е		80.00
Support Office Sought: House District: 00  Oppose President Senate State: LA  Disbursement For: Primary General  Other (specify) ▶  Date of Public Distribution/Dissemination  M M M / P D / Y 2014  Amount  Amount  Transaction ID: f88c310b-67fd-45f3-a Date of Disbursement or Obligation  Ory/ 002  Transaction ID: f88c310b-67fd-45f3-a Date of Disbursement or Obligation  Ory/ 002  President Senate State: LA  Disbursement For: Primary General  Other (specify) ▶  Other (specify) ▶  Other (specify) ▶			
Oppose	. (1017		
Disbursement For: Primary General  Other (specify)   Date of Public Distribution/Dissemination  M M M		Office	e Sought: House District: 00
Other (specify)  Date of Public Distribution/Dissemination  M 11	Oppose		President State: LA
Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y  11	6.06		
Amount  a 3.90  Transaction ID: f88c310b-67fd-45f3-a Date of Disbursement or Obligation  a your of the second of t	<u> </u>		
Transaction ID: f88c310b-67fd-45f3-a Date of Disbursement or Obligation  Try/ Double Try/			
Transaction ID : f88c310b-67fd-45f3-a Date of Disbursement or Obligation  Try/ pe 002			Amount
Date of Disbursement or Obligation  Try/ pe 002	<u></u> е		3.90
ye 002 11 21 2014  Support Office Sought: House District: 00  Oppose President Senate State: LA  Disbursement For: Primary General 2014  Other (specify) ▶			
Oppose President Senate State: LA  Disbursement For: Primary General  Other (specify)			11 21 / 2014
Disbursement For: Primary General  Other (specify)	Support	Offic	e Sought: House District:00
6.06 2014 Other (specify) ▶	Oppose		President Senate State: LA
	6.06		
83.90			Uther (specify)
• • • • • • • • • • • • • • • • • • •		•	83.90
· · · · · · · · · · · · · · · · · · ·		•	
· · · · · · · · · · · · · · · · · · ·			
			7 7 7

Category/ Salary 001 Type Name of Federal Candidate Support Ms. Mary L Landrieu Oppose Calendar Year-To-Date 505646.06 Per Election for Office Sought Full Name of Payee Evelyn Lesaicherre Mailing Address 629 Radiance Ave City State Zip Code Metairie LA 70001 Purpose of Expenditure Category/ Mileage 002 Type Name of Federal Candidate Support Ms. Mary L Landrieu Oppose Calendar Year-To-Date 505646.06 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] 12 04 2014 Date Signature FEC Schedule E (Form 3X) Rev. 09/2013

Signature

Ms. Emily Buchanan

### SCHEDULE E (FE ITEMIZED INDEPENDE

	URES		PAGE 213 OF 3' FOR LINE 24 OF FORM	
ME OF COMMITTEE (In Full) omen Speak Out PAC			FEC IDENTIFICATION NUMBE	R▼
			C C00530766	
ck if 24-hour report 48-hour rep	port New	report Amends repo	ort filed on	Y
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination	
Mailing Address 22369 Ponderosa Dr.			11	
City	State	Zip Code	65.0	0
Mandeville	LA	70471	Transaction ID : daee2203-18dc-4b6e- Date of Disbursement or Obligation	В
Purpose of Expenditure Salary		Category/ Type 001	11 / 21 / 2014	T Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose	President X Senate State: L	A
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: Primary ☐ Ger 2014 Other (specify) ►	neral
Full Name of Payee			Date of Public Distribution/Disseminati	on
Jeanne Tribou			11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	I Y
Mailing Address 22369 Ponderosa Dr.			Amount	_
City	State	Zip Code	7.8	0
Mandeville	LA	70471	Transaction ID: b720daé9-f3c1-49f0-b  Date of Disbursement or Obligation	1
Purpose of Expenditure Mileage		Category/ Type 002	11 / 21 / 2014	T Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose		A
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ Ger 2014 ☐ Other (specify) ▶	nera
				_
a) SUBTOTAL of Itemized Independent Ex	penditures		72.80	_
b) SUBTOTAL of Unitemized Independent	Expenditures			Ξ
c) TOTAL Independent Expenditures				

[Electronically Filed]

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Date

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# S

Ms. Emily Buchanan

Signature

CHEDULE E (FEC Form 3X)					
TEMIZED INDEPENDENT EXPENDITURES		PAGE 214 OF 317 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC					
		C C00530766			
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on			
Full Name of Payee  Cathy Longtin		Date of Public Distribution/Dissemination			
		11 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 827 Navavre Ave		Amount			
City State	Zip Code	50.00			
New Orleans LA	70124	Transaction ID: 0a7fda4a-7736-4fa9-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	11 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Ms. Mary L Landrieu	Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:			
Full Name of Payee		Date of Public Distribution/Dissemination			
Cathy Longtin		11 21 2014			
Mailing Address 827 Navavre Ave		Amount			
City State	Zip Code	9.60			
New Orleans LA	70124	Transaction ID : fc76ed45-33c5-47f0-9  Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	11 21 2014			
Name of Federal Candidate	Support	Office Sought: House District: 00			
Ms. Mary L Landrieu	> Oppose	President Senate State: LA			
Calendar Year-To-Date		Disbursement For: Primary X General			
Per Election for Office Sought	505646.06	2014 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		59.60			
(b) SUBTOTAL of Unitemized Independent Expenditures					
		4 4			
(c) TOTAL Independent Expenditures		<b>&gt;</b>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPENDITURES	PAGE 215 OF 317			
=	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)  Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼			
Wollien Speak Out FAC	C C00530766			
Check if 24-hour report 48-hour report New report	Amends report filed on M M M / D D / Y Y Y Y Y Y			
Full Name of Payee Donna S Wilson	Date of Public Distribution/Dissemination			
Mailing Address 4456 Country Hill Dr	11 21 2014  Amount			
	p Code 10.00			
	D816 Transaction ID : 74e49b46-2695-414c-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001 11 21 2014			
Name of Federal Candidate	Support Office Sought: House District:00			
Ms. Mary L Landrieu	Oppose President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Donna S Wilson	Date of Public Distribution/Dissemination  M M M / D D D / Y D Y D Y D Y D Y D Y D Y D Y			
Mailing Address 4456 Country Hill Dr	Amount			
	p Code 6.00			
	0816 Transaction ID : eb718c91-31f7-4639-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002 11 21 2014			
Name of Federal Candidate	Support Office Sought: House District: 00			
Ms. Mary L Landrieu	Oppose President X Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>)</b>			
(c) TOTAL Independent Expenditures	<b>&gt;</b>			
Under penalty of perjury I certify that the independent expenditures require, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronical	lly Filed] Date 12 04 2014			

# S

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)			
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 216 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	Amends repor	t filed on DED / YEYEY
	Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination
	Mailing Address		11 21 / 2014
	227 Lincoln Dr		Amount
	City State Zi	p Code	70.00
		1111	Transaction ID: 2c4020bd-6c3f-4c3a-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	Philip Elkins		11 21 2014
	Mailing Address 227 Lincoln Dr		Amount
	City State Zi	ip Code	15.54
	Bossier City LA 7	1111	Transaction ID: 56e2338a-27bc-4206-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary General 2014
			Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		85.54
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3					
Т	EMIZED INDEPENDENT EXPEN	DITURES			PAGE 217 FOR LINE	OF 317 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC IDENTIFICATI	ON NUMBER ▼
١	Nomen Speak Out PAC				C C00530766	
CI	heck if 24-hour report 48-hou	r report New repo	ort Amends repo	ort filed on	- M / D - D /	Y = Y = Y
	Full Name of Payee Colton R Overcash				of Public Distribution	n/Dissemination 2014
	Mailing Address 121 Ohara Dr			Amou	nt	
	City	State	Zip Code			100.00
	Salisbury	NC	28147		ction ID : 313fb12f-a	
	Purpose of Expenditure Salary		Category/ Type 001	M	11 / 21	2014
	Name of Federal Candidate		Support	Office Sough	t: House	District: 00
	Ms. Mary L Landrieu		X Oppose	Preside		State: LA
	Calendar Year-To-Date Per Election for Office Sought	,	505646.06	Disbursemen 2014 O	t For: Primary ther (specify) ▶	y X General
	Full Name of Payee			Date	of Public Distribution	n/Dissemination
	Colton R Overcash				11 / 21	2014
	Mailing Address 121 Ohara Dr			Amou	nt	
	City	State	Zip Code			72.30
	Salisbury	NC	28147		of Disbursement or	
	Purpose of Expenditure Mileage		Category/ Type 002	N	11 / 21	2014
	Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
	Ms. Mary L Landrieu		X Oppose	Preside		State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014	nt For: Primar	y X General
					(-	
	(a) SUBTOTAL of Itemized Independen	t Expenditures		•		172.30
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures		· •		
	(c) TOTAL Independent Expenditures			•	7 7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized				

[Electronically Filed]

12

Date

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 218 OF 317 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)		
	Vomen Speak Out PAC		C C00530766
С	heck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
	Mailing Address		11 / 21 / 2014
	100 Asbury Ct		Amount
	City State	Zip Code	70.00
	Winchester VA	22602	Transaction ID: 06d72723-3f47-4885-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jazmine d Conner		11 21 2014
	Mailing Address 100 ASBURY CT		Amount
	City State	Zip Code	70.00
	WINCHESTER VA	22602	Transaction ID : fe2b018d-a0f9-4bd9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 21 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	ically Filed]	12 04 2014

1 =	EMIZED INDEPENDENT EXPENDITURES			PAGE 219 OF 317 FOR LINE 24 OF FORM 3X	
	ME OF COMMITTEE (In Full) Vomen Speak Out PAC			FEC IDENTIFICATION NUMBER ▼  C C00530766	
 Che	eck if 24-hour report 48-hour report New report	port Amends repo	ort filed	on M = M / D = D / Y = Y = Y	
7	Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination	
	Mailing Address 100 Asbury Ct			Amount	
	City State Winchester VA	Zip Code 22602	-	70.00 Transaction ID : 6f6222ec-13f3-4c43-b	
	Purpose of Expenditure Salary	Category/ Type 001		Date of Disbursement or Obligation  11 21 2014	
Ì	Name of Federal Candidate  Ms. Mary L Landrieu	Support  Oppose		Sought: House District: 00  President X Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbur 2014	rsement For:  Primary	
	Full Name of Payee Rodney O Culbreath  Mailing Address 100 Asbury Ct			Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y  Amount	
	City State Winchester VA	Zip Code 22602		70.00  Transaction ID: 0fcd7d33-88b2-4323-8  Date of Disbursement or Obligation	
	Purpose of Expenditure Salary	Category/ Type 001		11 / 21 / 2014	
	Name of Federal Candidate  Ms. Mary L Landrieu	Support Oppose		President Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbur 2014	rsement For: Primary	
-	(a) SUBTOTAL of Itemized Independent Expenditures		>	140.00	
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures		· <b>•</b>	7 7 7	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			·	
		nically Filed] Date	e 12	2 04 2014	
	Signature				

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES		PAGE 220 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	of Public Distribution/Dissemination
Rodney D Culbreth		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT	Amo	
3200 Dam Neck Rd	7	unt
City State Zip Code	е	70.00
Winchester VA 22602		action ID: 01256539-4f43-4065-9 of Disbursement or Obligation
Purpose of Expenditure Salary Catego Ty		M 1
Name of Federal Candidate	Support Office Soug	ght: House District:00
Ms. Mary L Landrieu	Oppose Presid	<u> </u>
Calendar Year-To-Date	Disburseme	
Per Election for Office Sought 505646		Other (specify) ▶
Full Name of Payee	Date	e of Public Distribution/Dissemination
Rze Culbreath		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	Amo	punt
City State Zip Cod	e	70.00
Winchester VA 22602	Trans	saction ID: 3bc4b874-4e9d-47f2-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Catego Ty		11 21 / 2014
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	Oppose Presi	
Calendar Year-To-Date	Disburseme	ent For: Primary X General
Per Election for Office Sought 50564		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	<b>.</b>	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		4
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	d] Date 12	04 2014
Signature	Date 12	2014

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 221 OF 317 FOR LINE 24 OF FORM 3X
N/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Vomen Speak Out PAC		C C00530766
			M = M / D = D / Y = Y = Y
Ch	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
	Mailing Address 110 W Pecan St		11 22 2014
			Amount
	City State	Zip Code	50.00
	Ville Platte LA	70586	Transaction ID: 9d45b8b7-f03c-45e7-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 22 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Christopher Marquess  Mailing Address  440 W Pesen St		11 / 22 / 2014
	110 W Pecan St		Amount
	City State	Zip Code	32.40
	Ville Platte LA	70586	Transaction ID : d529c8ea-6218-4c60-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 7 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  ☐ General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 82.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·
	(c) TOTAL Independent Expenditures		. •
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITUI	RES			PAGE 222 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	t New repo	ort Amends repo	ort filed o	n
	Full Name of Payee Timothy Foley			]	Date of Public Distribution/Dissemination
	Mailing Address 20679 Glenbrook Terrace				11 22 2014
	2007 0 Clonbrook Terrase			/	Amount
	City	State	Zip Code		55.00
	Sterling	VA	20165		ransaction ID : 596ecdd6-a4ae-40fc-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 22 / 2014
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburs 2014	sement For: Primary X General  Other (specify) ▶
	Full Name of Payee				Date of Public Distribution/Dissemination
	Nicholas O Wilcox				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1981 Cherokee St				Amount
	City	State	Zip Code		50.00
	Baton Rouge	LA	70806		ransaction ID : 42014262-bf7b-42d5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 22 7 2014
	Name of Federal Candidate		Support	Office S	Sought: House District:00
	Ms. Mary L Landrieu		Oppose	F	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburs 2014	sement For: Primary
_					
	(a) SUBTOTAL of Itemized Independent Exper	nditures			105.00
	(b) SUBTOTAL of Unitemized Independent Exp	penditures			
					7 7
	(c) TOTAL Independent Expenditures			·· • [	7 7 7
	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]	M N	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		Date	, ,,,	

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 223 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	t Amends repor	t filed on
	Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination
	Mailing Address 1981 Cherokee St		11 22 2014  Amount
	City State Z	Zip Code	4.50
	Baton Rouge LA 7	70806	Transaction ID : f4a81fe4-d7bd-4ab9-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 / 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee Eva M Johnston	'	Date of Public Distribution/Dissemination
	Mailing Address 2517 N 47th St		11 22 2014 Amount
	City State Z	Zip Code	10.00
		53210	Transaction ID: e3273dc3-7306-4df6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		14.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)		
TEMIZED INDEPENDENT EXPENDITURES		PAGE 224 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		
		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee  Janet Morris		Date of Public Distribution/Dissemination
Janet Worns		11 / 22 / 2014
Mailing Address 620 Old Barbome Rd Lot 2		Amount
City State Zip	Code	35.00
West Monroe LA 712	291	Transaction ID: 35768a58-19b2-432c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ategory/ Type 001	11 22 / Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 50	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Janet Morris  Mailing Address and Old Park and Pall and		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
620 Old Barbome Rd Lot 2		Amount
City State Zip	Code	4.86
	291	Transaction ID : fcc88d03-e184-4389-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Ca	ategory/ Type 002	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date		ursement For: Primary X General
Per Election for Office Sought	05646.06 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	39.86
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 225 OF 317 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination
	Mailing Address 995 Clairborne Rd		11 22 2014 Amount
	City State Calhoun LA	Zip Code 71225	33.00 Transaction ID : 1db39b5f-e6b3-4abe-b
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  11 22 2014
	Name of Federal Candidate  Ms. Mary L Landrieu	Support  Oppose	Office Sought: House District: 00
	Calendar Year-To-Date Per Election for Office Sought	505646.06	President
	Full Name of Payee Heather A Smith  Mailing Address 995 Clairborne Rd		Date of Public Distribution/Dissemination  M M / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	6.60
	Calhoun LA	71225	Transaction ID: 4a7b9809-e1fd-43fe-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 7 2014
	Name of Federal Candidate  Ms. Mary L Landrieu	Support	Office Sought: House District: 00
	Calendar Year-To-Date Per Election for Office Sought	Oppose 505646.06	President X Senate State: LA  Disbursement For: Primary X General 2014  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		39.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
П	EMIZED INDEPENDENT EXPENDITURES		PAGE 226 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address 121 Ohara Dr		11 22 2014 Amount
	City State Salisbury NC	Zip Code 28147	88.00 Transaction ID : 1168829c-3208-42f7-b
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate  Ms. Mary L Landrieu	Support  Oppose	Office Sought: House District: 00  President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary General  Other (specify) ▶  Other (specify) ■
	Full Name of Payee Colton R Overcash  Mailing Address 121 Ohara Dr		Date of Public Distribution/Dissemination  M M / 22 / Y Y Y Y Y  Amount
	City State	Zip Code	64.20
	Salisbury NC	28147	Transaction ID: 668be23d-7772-43fe-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 2014
	Name of Federal Candidate  Ms. Mary L Landrieu	Support Oppose	Office Sought: House District: 00  President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		• 152.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		-
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

12

Date

04

Ms. Emily Buchanan

Signature

	E (FEC Form 3X)					
TEMIZED INDE	PENDENT EXPENDIT	URES			PAGE 227	OF 317 24 OF FORM 3X
NAME OF COMMIT	ITEE (In Full)				FEC IDENTIFICATI	
Women Spea						ON NOMBER V
					C C00530766	
Check if 24-ho	our report 48-hour rep	ort New repo	ort Amends repo		/ D D /	Y = Y = Y
Full Name of Pa Philip Elkins				Date	of Public Distribution	/Dissemination
<u> </u>					11 22	2014
Mailing Address	227 Lincoln Dr			Amou	unt	
City		State	Zip Code			40.00
Bossier City		LA	71111		action ID : 26a6a114-	-6448-4384-a
Purpose of Exp	 venditure		Cotogony	Date	of Disbursement or (	Obligation
Salary			Category/ Type 001	_    L	11 22	2014
Name of Federa	al Candidate		Support	Office Sough	nt: House	District:00
Ms. Mary L Lan	drieu		Oppose	Presid	ent Senate	State: LA
	/ear-To-Date on for Office Sought		505646.06	Disbursemer 2014	nt For: Primary Other (specify) ▶	/ Seneral
Full Name of P				Date	of Public Distribution	/Dissemination
Philip Elkir	าร				M M / D D /	2014
Mailing Address	S 227 Lincoln Dr			Amou	unt	
City		State	Zip Code			11.49
Bossier City		LA	71111		action ID : 7a4d569f- of Disbursement or	·b2d7-4670-a
Purpose of Exp	penditure		Category/		M M / D D /	Y Y Y Y Y
Mileage			Type 002	_   _ L	11 22	2014
Name of Feder	al Candidate		Support	Office Sough	ht: House	District:00
Ms. Mary L Lar	ndrieu		Oppose	Presid	lent X Senate	State: LA
Calendar \	Year-To-Date		505040.00	Disbursemer	nt For: Primary	y X General
Per Election	on for Office Sought		505646.06	2014	Other (specify) -	
(a) SUBTOTAL	of Itemized Independent Exp	penditures		•		51.49
(b) SUBTOTAL	of Unitemized Independent	Expenditures				
(c) TOTAL Indep	pendent Expenditures					
	f perjury I certify that the in					
	equest or suggestion of, any any political party committe		committee or agent of	of either, or (if	the reporting entity	s not a political

[Electronically Filed]

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Date

04

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
TΕ	EMIZED INDEPENDENT EXPENDITURES		PAGE 228 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination
	Mailing Address		11 23 / 2014
	2150 Hope St		Amount
	City State	Zip Code	60.00
	New Orleans LA	70119	Transaction ID : bdc6d414-3162-4d56-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
	Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination
	Mailing Address 2150 Hope St		11 / 23 / 2014 Amount
	City State  New Orleans LA	Zip Code 70119	10.50 Transaction ID : 0a9c67f5-8627-479d-8
	Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Mileage	Type 002	11 23 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		70.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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CHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES			
TEMIZED INDEPENDENT EXPENDITORES			PAGE 229 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cynthia J Christmas			11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St			Amount
City	State	Zip Code	70.00
New Orleans	LA	70116	Transaction ID : 4c870b57-5452-4f73-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cynthia J Christmas			11 23 2014
Mailing Address 1731 Frenchmen St			Amount
City	State	Zip Code	9.00
New Orleans	LA	70116	Transaction ID : de5dc330-95b5-4547-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		79.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		-
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized		
Ms. Emily Buchanan	[Electron	ically Filed]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

#### S 17

CHEDULE E (FEC FORM 3X) FEMIZED INDEPENDENT EXPENDITURES		PAGE 230 OF 317
IEMIZED INDEPENDENT EXPENDITORES		PAGE 230 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends re	port filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Francis Richardson		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd		Amount
		90.00
'	State Zip Code LA 70503	30.00 Transaction ID : 46a6615f-a0b0-455e-b
	LA 70503	Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 00	1 11 23 7 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Francis Richardson		11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd		Amount
City	Nata Zin Cada	0.78
City S Lafayette	State Zip Code LA 70503	Transaction ID : dc368924-9ec0-481e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 00:	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date	<u>(                                    </u>	Disbursement For: Primary X General
Per Election for Office Sought	505646.06	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		30.78
(b) SUBTOTAL of Unitemized Independent Expenditure	e e	
(b) SOBTOTAL OF Gritteringed independent Experiation		
(c) TOTAL Independent Expenditures		···· <b>&gt;</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent	
Ms. Emily Buchanan	[Electronically Filed]	nte 12 04 2014

Date

TEMIZED INDEPENDENT EX	PENDITURES			PAGE 231 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48	8-hour report New report	oort Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Lilly Green				11 23 2014
Mailing Address 205 Medallion C	ircle		Amour	nt
City	State	Zip Code	$-\Gamma$	40.00
Shreveport	LA	71119		ction ID : 053e42cd-62bd-4d08-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 23 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	ht	505646.06	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee Lilly Green			Date of	of Public Distribution/Dissemination
Mailing Address 205 Medallion C	ircle		Amou	11 23 2014 nt
O't	Ctata	7's Oads		48.60
City Shreveport	State LA	Zip Code 71119		ction ID : f0b3ff12-ee4b-41c7-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 23 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	ht	505646.06	Disbursement 2014	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent	endent Expenditures		•	88.60
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures			
(c) TOTAL Independent Expenditu	ıres			
				4- 4- 4-
	on of, any candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed]	12	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	, 12	2014

	CHEDULE E (FEC FORM 3X) EMIZED INDEPENDENT EXPENDITURES		000 on 047
11	:MIZED INDEPENDENT EXPENDITURES		PAGE 232 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
_	Full Name of Payee		Date of Public Distribution/Dissemination
	Mary C Lee		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1030 N Coolidge Ave		Amount
	City State	Zip Code	50.00
	Gonzales LA	70737	Transaction ID: 8eea5ab9-89ce-42df-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mary C Lee		11 22 2014
	Mailing Address 1030 N Coolidge Ave		Amount
	City State	Zip Code	3.60
	Gonzales LA	70737	Transaction ID: 61f7d458-b45d-496c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		53.60
	(a) 300101AE of Remized macpendant Experiantales		33.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

[Electronically Filed]

Date

2014

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
I E	EMIZED INDEPENDENT EXPENDITURES		PAGE 233 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New re	port Amends rep	ort filed on Man / Dad / Yayayay
	Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination  11 22 2014
	Mailing Address 1110 N Coolidge		Amount
	City State Gonzales LA	Zip Code 70737	Transaction ID: eb744492-aa8e-422a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Hannah J Landry  Mailing Address  1110 N Coolidge		Date of Public Distribution/Dissemination  11 22 2014  Amount
	City State	Zip Code	25.20
	Gonzales LA	70737	Transaction ID : aa216f61-20a7-4d50-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 85.20
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)							
ΓE	EMIZED INDEPENDENT EXPENDITURES			PAGE 234 OF 317 FOR LINE 24 OF FORM 3X				
V/	ME OF COMMITTEE (In Full)		EEC	IDENTIFICATION NUMBER ▼				
	Vomen Speak Out PAC		C	C00530766				
Ch	neck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y				
	Full Name of Payee Beau Autin		Date of Pub	olic Distribution/Dissemination				
	Mailing Address		11	22 / 2014				
	345 Auroura Ave		Amount					
	City State	Zip Code		25.00				
	Metairie LA	70006		ID: a213a27c-4b5e-45d9-9 bursement or Obligation				
	Purpose of Expenditure Salary	Category/ Type 001	11	22 / 2014				
	Name of Federal Candidate	Support	Office Sought:	House District:00				
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (	Primary X General Specify) ▶				
	Full Name of Payee		Date of Pul	blic Distribution/Dissemination				
	Beau Autin		M = M	/ D D / Y Y Y Y Y Y 2014				
	Mailing Address 345 Auroura Ave		Amount					
	City State	Zip Code		1.47				
	Metairie LA	70006	Transaction ID: 19da11f4-eda5-4487-b  Date of Disbursement or Obligation					
	Purpose of Expenditure Mileage	Category/ Type 002	11	22 2014				
	Name of Federal Candidate	Support	Office Sought:	House District:00				
	Ms. Mary L Landrieu	Oppose	President	Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (	Primary				
	(a) SUBTOTAL of Itemized Independent Expenditures							
	(b) SUBTOTAL of Unitemized Independent Expenditures							
				7 7 7				
	(c) TOTAL Independent Expenditures		· •	7 7				
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.							

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 235 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee			D	Pate of Public Distribution/Dissemination
	Elvis Spears				11 / 22 / 2014
	Mailing Address 2150 Hope St			A	mount
	City	State	Zip Code		60.00
	New Orleans	LA	70119		ansaction ID: 6c46571b-071e-48a8-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 / 22 / 2014
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		Oppose		resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	505646.06	Disburse 2014	ement For: Primary X General  Other (specify) ▶
	Full Name of Payee Elvis Spears			D	Date of Public Distribution/Dissemination
	Mailing Address 2150 Hope St			A	11 22 2014 Amount
				г	
	City New Orleans	State LA	Zip Code 70119		10.50 ansaction ID : 828672fc-3ab4-463b-a
	Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation  11 22 2014
	Name of Federal Candidate		Support	Office So	Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburse 2014	ement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditure	<u>-</u> ∋s		· • [	70.50
	(b) SUBTOTAL of Unitemized Independent Expenditu	tures		<b>.</b> [	
	(c) TOTAL Independent Expenditures			·- •	
1	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M M	04 2014
	Signature		_ Date	<u> </u>	

TEI	MIZED INDEPENDENT EXPEND	DITURES			PAGE 236 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report 48-hour	report New report	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Jon E Conner			Date	e of Public Distribution/Dissemination
					11 22 2014
	Mailing Address 100 Asbury Ct			Amo	ount
-	City	State	Zip Code	-	20.00
- 1	Winchester	VA	22602		saction ID: 5127c48b-e783-4c95-8 e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Mary L Landrieu		Oppose		ident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For:  Primary
	Full Name of Payee Rodney D Culbreth				e of Public Distribution/Dissemination
	Mailing Address 100 Asbury CT			Am	ount
	3200 Dam Neck Rd				
	City Winchester	State VA	Zip Code 22602		20.00 saction ID : fcca347c-4da0-4192-a
	Purpose of Expenditure Salary		Category/ Type 001		e of Disbursement or Obligation  11 22 2014
ľ	Name of Federal Candidate		Support	Office Sou	ight: House District: 00
	Ms. Mary L Landrieu		X Oppose		sident State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	nent For:  Primary
(	(a) SUBTOTAL of Itemized Independent	Expenditures		• <u></u>	40.00
(	(b) SUBTOTAL of Uniternized Independe	ent Expenditures		· <b>·</b> [	7 7 7
(	(c) TOTAL Independent Expenditures			· • [	
W	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	sically Filed]	M = M	/ DDD / Y Y Y Y
	Signature	Elicioni	Date	12	04 2014

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURI	ES		PAGE 237 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination  11
Mailing Address 100 ASBURY CT			Amount
City	State	Zip Code	20.00
WINCHESTER	VA	22602	Transaction ID : f4ded7ab-d447-4e90-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary  ☐ General 2014  Other (specify) ►
Full Name of Payee Rze Culbreath  Mailing Address 100 Asbury Ct			Date of Public Distribution/Dissemination  11 22 2014  Amount
City	State	Zip Code	20.00
Winchester	VA	22602	Transaction ID : 1b673c3b-baa1-4ffe-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 22 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	itures		> 40.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		-
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed]	12 04 2014

	EMIZED INDEPENDENT EXPENDITURES						PAGE 238 FOR LINE 2	OF 317 4 OF FORM 3X
	AME OF COMMITTEE (In Full)					FEC ID	DENTIFICATIO	N NUMBER ▼
V۱	Vomen Speak Out PAC					C	C00530766	
 Ch∘	neck if 24-hour report 48-hour report	New repo	ort Ame	ends repo	ort filed o	on Man /	D   D /	Y = Y = Y = Y
7	Full Name of Payee Christine Stevens					Date of Public		
	Mailing Addross					11	22	2014
	100 Asbury Ct					Amount		
Ì	City	State	Zip Code			[		20.00
		VA	22602			ransaction ID Date of Disbu		
	Purpose of Expenditure Salary		Category/ Type	001		11 /	22	2014
	Name of Federal Candidate		Sr.	upport	Office 5	Sought:	House [	District: 00
	Ms. Mary L Landrieu			ppose		President >	Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06		Disburs 2014	sement For: Other (sp	Primary	X General
	Full Name of Payee Rodney O Culbreath							Dissemination
	Mailing Address					11	22	2014
	100 Asbury Ct					Amount		
	City Si	State	Zip Code					20.00
	l '	VA	22602			Transaction ID  Date of Disbu		
	Purpose of Expenditure Salary		Category/ Type	001		11	22	2014
	Name of Federal Candidate		S	Support	Office	Sought:	House	District:00
	Ms. Mary L Landrieu			)ppose	F	President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06		Disburs 2014	sement For: Other (sp	Primary	X General
۷					L	Outer (sp	Decity) =	
,	(a) SUBTOTAL of Itemized Independent Expenditures					7	7	40.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	s						
	(c) TOTAL Independent Expenditures				· •	-		
١	Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate caparty committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electron:	ically Filed]	Dota	12	M / D D D 04	/ Y Y Y 2014	
	Signature		_	Date	12	04	201-	

	EMIZED INDEPENDENT EXPEND	•			PAGE 239 OF 317 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
١	Nomen Speak Out PAC				C C00530766
С	heck if 24-hour report 48-hour re	eport New re	port Amends rep	ort filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee Felicia A Jones				Date of Public Distribution/Dissemination  11 22 2014
	Mailing Address 4106 Martha St				Amount
	City	State	Zip Code		70.00
	Shreveport	LA	71109		Transaction ID: e4c66516-37f1-425d-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 22 / 2014
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For:  Primary  General  Other (specify) ▶
	Full Name of Payee Felicia A Jones				Date of Public Distribution/Dissemination  11
	Mailing Address 4106 Martha St				Amount
	City	State	Zip Code		6.30
	Shreveport	LA	71109		Transaction ID : c1707327-1bb4-4dcf-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 22 7 2014
	Name of Federal Candidate		Support	Offic	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent E	xpenditures		··· <b>&gt;</b>	76.30
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		··· <b>•</b>	
	(c) TOTAL Independent Expenditures			··· <b>•</b>	
		ny candidate or authorize			ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
	Ms. Emily Buchanan	[Electro	onically Filed] Dat	te 1	2 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X						
•	EMIZED INDEPENDENT EXPENDI	TURES				PAGE 240 FOR LINE 2	OF 317 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC IC		ON NUMBER ▼
٧	Vomen Speak Out PAC					C00530766	
CI	neck if 24-hour report 48-hour re	eport New rep	port Amends rep	ort filed on	M = M /	D   D /	Y   Y   Y   Y   Y
	Full Name of Payee			Date	of Public	c Distribution/	Dissemination
	Carl Brent				M M /	22	2014
	Mailing Address 6718 Lake Willow Dr			Amo	unt		
	City	State	Zip Code	$ \Gamma$	-		80.00
	New Orleans	LA	70126			: 4b3ed96b-	
	Purpose of Expenditure Salary		Category/ Type 001	Date	M M /	22	Y Y Y Y Y Y 2014
	Name of Federal Candidate		Support	Office Soug	jht:	House	District:00
	Ms. Mary L Landrieu		X Oppose	Presi	dent >	Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For: Other (sp	Primary	X General
	Full Name of Payee Carl Brent  Mailing Address 6718 Lake Willow Dr			Amo	11	22	/Dissemination 2014
	City	State	Zip Code				39.90
	New Orleans	LA	70126			) : a34e3f18-l	
	Purpose of Expenditure Mileage		Category/ Type 002	_	11	ursement or (	2014
	Name of Federal Candidate		Support	Office Soug	ght:	House	District:00
	Ms. Mary L Landrieu		Oppose	Presi	dent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For: Other (sp	Primary	General
	(a) SUBTOTAL of Itemized Independent Ex	xpenditures		<b>&gt;</b>		1 1 7	119.90
	(b) SUBTOTAL of Unitemized Independent	Expenditures		·· • [	-		
	(c) TOTAL Independent Expenditures			··· <b>\</b>	1 7		
	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized					

[Electronically Filed]

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Date

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SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES			244 05 247
IEMIZED INDEPENDENT EXPENDITORES			PAGE 241 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New report Ar	mends report	filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa a Youngblood			11 22 2014
Mailing Address 102 S Main Street Apt A2			Amount
City	State Zip Code		115.00
Berryville	VA 22611		Transaction ID: 48751379-3873-4972-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type		11 22 2014
Name of Federal Candidate		Support (	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.0		Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			11 22 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State Zip Code		60.00
Mandeville	LA 70471		Transaction ID: 15986208-039b-4586-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type		11 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.0		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			175.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee		
Ms. Emily Buchanan	[Electronically Filed]	Date	12 04 2014

Date

TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 242 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC II	DENTIFICATION NUMBER ▼
Women opean out 1710			C	C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee  Jeanne Tribou			Date of Publi	ic Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.			11	22 / 2014
			Amount	
City		Zip Code		9.60
Mandeville	LA	70471		D: f8f4efc2-ff67-48d2-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (sp	Primary ⊠ General
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Lilly Green			M M M 11	22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		40.00
Shreveport	LA	71119		D: 338d1d30-14d1-4fca-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<del></del>	505646.06	Disbursement For: 2014	Primary General
Tor Elocation to. S.moc 222g			Other (sp	pecify) -
(a) SUBTOTAL of Itemized Independent Exp	penditures		. •	49.60
(b) SUBTOTAL of Unitemized Independent I	Expenditures		. •	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	12 04	/ Y Y Y Y Y Y 2014
Signature	<sub>[</sub> Diccironi	Date	12 04	2014

TI	EMIZED INDEPENDENT EXPENDITURES	PAGE 243 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Women Speak Out PAC	C C00530766
Cł	heck if 24-hour report 48-hour report New report Amends report	rt filed on
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lilly Green	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 205 Medallion Circle	Amount
	City State Zip Code	50.10
	Shreveport LA 71119	Transaction ID: d70eeb24-5fa9-4607-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support	Office Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jerome M Weil	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 101 Durham Drive	Amount
	City State Zip Code	15.00
	Lafayette LA 70508	Transaction ID: 4dc42328-b778-4b48-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support	Office Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: Primary General 2014
_	Tot Election to Since Codg	Uther (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures	65.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	·
	(c) TOTAL Independent Expenditures	<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	للنتا لتا لتا

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 244 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
CI	neck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on
	Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination
	Mailing Address 101 Durham Drive		11 23 2014 Amount
		7: 0 !	
	City State Lafayette LA	Zip Code 70508	3.00  Transaction ID : cba9ee6f-7c57-406b-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination  11 22 2014
	Mailing Address 2506 Bolch Street		Amount
	City State	Zip Code	60.00
	Shreveport LA	71104	Transaction ID : c1085611-7e78-43a4-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General   2014  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		63.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

[Electronically Filed]

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Date

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TEMIZED INDEPENDEN	Γ EXPENDITURES					PAGE 245	OF 317 24 OF FORM 3X
NAME OF COMMITTEE (In Ful					FEC	IDENTIFICATI	ON NUMBER ▼
Women Speak Out P	AC				C	C00530766	
Check if 24-hour report	48-hour report No	lew report Am	nends repo	ort filed	on M M	/ D   D /	Y   Y   Y   Y
Full Name of Payee Gregory Green					Date of Pub	olic Distribution	/Dissemination
Mailing Address					11	22	2014
2506 Bold	h Street				Amount		
City	State	Zip Code					54.60
Shreveport	LA	71104				ID: fe2b9351- bursement or 0	
Purpose of Expenditure Mileage		Category/ Type	002		11	22	2014
Name of Federal Candidate	,		Support	Office	Sought:	House	District:00
Ms. Mary L Landrieu			Oppose		President	X Senate	State: LA
Calendar Year-To-Date Per Election for Office	Sought	505646.06	3	Disbui 2014	rsement For:	Primary	General
Full Name of Payee Bobbie M Steinsho	olt				Date of Pul	blic Distribution	/Dissemination 2014
Mailing Address 3009 Skel	ly St				Amount		
City	State	Zip Code			· · ·		80.00
Shreveport	LA	71107				ID: e7f1c715-	8595-4cdf-b
Purpose of Expenditure Salary		Category/ Type	001		M M	/ 22 /	2014
Name of Federal Candidate	;		Support	Office	Sought:	House	District:00
Ms. Mary L Landrieu			Oppose		President	X Senate	State:LA
Calendar Year-To-Date Per Election for Office		505646.06	6	Disbu 2014	rsement For: Other (	Primary	y Seneral
(a) SUBTOTAL of Itemized	Independent Expenditures			. •		F 1 1 4	134.60
(b) SUBTOTAL of Unitemize	ed Independent Expenditures			·· •		7 1 4	
(c) TOTAL Independent Exp	penditures			·· •		7- 1-47-	
with, or at the request or sug	ertify that the independent expen ggestion of, any candidate or aut I party committee or its agent.						
Ms. Emily Buchan		Electronically Filed]		M = 1.2			YY
Signature			Date	, 12	2 04	201	4

TI	EMIZED INDEPENDENT EXPENDITURES			PAGE 246 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
۷	Women Speak Out PAC		С	C00530766
Cł	heck if 24-hour report 48-hour report New report Ame	nends repo	ort filed on	/ D D / Y T Y T Y
	Full Name of Payee		Date of Publi	ic Distribution/Dissemination
	Maegan E McDaniel		11	22 2014
	Mailing Address 3009 Skelly St		Amount	
	City State Zip Code			80.00
	Shreveport LA 71107			D: 82ac06f2-1bc0-44fa-b oursement or Obligation
	Purpose of Expenditure Salary  Category/ Type	001	Mark of Disb	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu	Oppose		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.06	5	Disbursement For: 2014 Other (s	Primary ⊠ General
	Full Name of Payee		Date of Publ	lic Distribution/Dissemination
	Maegan E McDaniel		11 11	/ D D / Y Y Y Y Y Y Y 22 2014
	Mailing Address 3009 Skelly St		Amount	
	City State Zip Code			15.90
	Shreveport LA 71107			D: e2687fcd-71ac-4b37-b oursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type	002	M M 11	22 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.06	6	Disbursement For: 2014 Other (c	Primary General
_		<u> </u>	Unier (s	specify) -
	(a) SUBTOTAL of Itemized Independent Expenditures		•	95.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •	4.14
	(c) TOTAL Independent Expenditures		·	4
	Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed]	Dota	M M / D D D 12 04	2014
	Signature	Date	12 04	2014

Ms. Emily Buchanan

Signature

	HEDULE E (FEC Form 3X)		
ΓEΝ	IIZED INDEPENDENT EXPENDITURES		PAGE 247 OF 317 FOR LINE 24 OF FORM 3X
NAM	E OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	omen Speak Out PAC		
			C C00530766
Chec	k if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
	Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination
	•		11 22 2014
	Mailing Address 2226 Taft Circle Apt 1		Amount
C	City State	Zip Code	50.00
٧	Vinchester VA	22601	Transaction ID: 00b35d48-d929-4741-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 22 7 2014
١	lame of Federal Candidate	Support	Office Sought: House District: 00
ı	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
_	Windy Hageman		11 22 2014
ı	Mailing Address 5521 Randolph St.		Amount
	City State	Zip Code	30.00
	Marrero LA	70072	Transaction ID: e5aa9a40-cbad-42f0-8 Date of Disbursement or Obligation
_	Purpose of Expenditure Salary	Category/ Type 001	11 / 22 / 2014
1	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures		80.00
(b	) SUBTOTAL of Unitemized Independent Expenditures		. •
(с	) TOTAL Independent Expenditures		
wi	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized crty committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPENDIT	URES			PAGE 248 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	ort New repo	oort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Windy Hageman				11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5521 Randolph St.			Amou	unt
City	State	Zip Code	-	2.70
Marrero	LA	70072		action ID: e60c462c-2e6f-4cc5-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	11 22 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District:00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014	
Full Name of Payee Sheri J Peace			Date	of Public Distribution/Dissemination
Moiling Address			[	11 22 2014
Mailing Address 9685 Paula St			Amo	unt
City	State	Zip Code	<b>П</b> Г.	80.00
Keithville	LA	71047		action ID: 9555e0b8-cbac-40dd-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	] [	11 / 22 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	, ,
				Other (specify) -
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	82.70
(b) SUBTOTAL of Unitemized Independent E	Expenditures			
(c) TOTAL Independent Expenditures			· -	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	04 2014
Signature				

Check if

NAME OF COMMITTEE (In Full) Women Speak Out PAC

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITUR	123			PAGE 249 OF 317 FOR LINE 24 OF FORM 3.
E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
omen Speak Out PAC				C C00530766
k if 24-hour report 48-hour report	New re	eport Amends repo	rt filed c	on Mam / Dab / Yayayay
Full Name of Payee				Date of Public Distribution/Dissemination
Sheri J Peace				11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St				
				Amount
City	State	Zip Code		27.60
Keithville	LA	71047		ransaction ID : 315ba223-f971-4bab-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburs 2014	sement For: Primary X Genera  Other (specify) ▶
Full Name of Payee Michael B Fuhrmann				Date of Public Distribution/Dissemination
Wichael DT diffinaliff				11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 329 Columbia St				Amount
City	State	Zip Code		10.00
Shreveport	LA	71104	Т	ransaction ID : 7ed82aa2-00ba-4344-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 / Y 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Mary L Landrieu		Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburs 2014	sement For: Primary
) SUBTOTAL of Itemized Independent Expen	ditures		•	37.60

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	12	04	2014
Signature					
Signature					

TEMIZED INDEPENDENT EXPENI	DITURES			PAGE 250 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour	report New report	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Michael B Fuhrmann			Date	of Public Distribution/Dissemination
Mailing Address			[	11 22 2014
Mailing Address 329 Columbia St			Amo	unt
City	State	Zip Code		1.20
Shreveport	LA	71104		action ID : e6c27ad6-c2d4-4444-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District:00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme	ent For: Primary X General
Full Name of Payer	7			Other (specify)
Full Name of Payee ERIC TABARY			Date	of Public Distribution/Dissemination
Mailing Address 6101 NORA ST			Amo	
Cit.	State	7:2 Code		55.00
City METAIRIE	State LA	Zip Code 70003		saction ID : c62f6b14-2db3-4caa-b e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		Oppose	Presi	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	, ,
·				Other (specify)
(a) SUBTOTAL of Itemized Independent	Expenditures		· [	56.20
(b) SUBTOTAL of Unitemized Independent	ent Expenditures			
				7 7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M_M_/	04 2014
Signature		_ Date	,	

TEMIZED INDEPENDENT EXPENDITURES		PAGE 251 OF 317
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New repo	rt Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
Mailing Address 6101 NORA ST		11 22 2014 Amount
	Zip Code	1.80
	70003	Transaction ID : 43e70cb8-93e9-4e5e-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	✓ Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06 Dis 201	bursement For: Primary X General
Full Name of Payee Aaron R Cowart  Mailing Address  184 South Military Rd		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	40.00
Slidell LA	70458	Transaction ID: 78631401-9e53-403b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 23 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06 Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	41.80
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>	7 7 7
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	cally Filed] Date	12 04 2014

Date

TEMIZED INDEPENDENT EXPENDITURES	PAGE 252 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
Full Name of Payee Aaron R Cowart	Date of Public Distribution/Dissemination
Mailing Address	11 23 2014
164 5000 Milliary RO	Amount
City State Zip Code	13.50
Slidell LA 70458 T	ransaction ID : 3ed5bc8b-3834-42fe-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	11 23 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Mary I Landriau	President X Senate State: LA
Calendar Year-To-Date Disburs	sement For: Primary X General
Per Election for Office Sought	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Gregory Green	11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street	Amount
City State Zip Code	20.00
Shreveport LA 71104 T	Transaction ID : fd69cb8d-662a-4f82-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 23 2014
Name of Federal Candidate Support Office	Sought: House District:00
Me Many I Landrieu	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	33.50
(a) SOBTOTAL OF HORIZON INDEPONDENT EXPONDENT COMMENTS	00.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 6
(c) TOTAL Independent Expenditures	1 4 1 4 1 6
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

### SCHEDULE E (FEC Form 3X)

SCILLOLL (FLC FOIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 253 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends rep	port filed on M M / D D / Y Y Y Y Y
Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street	11 23 2014 Amount
City State Zip Code Shreveport LA 71104	20.10 Transaction ID : c9924f53-bbc8-45d2-b
Purpose of Evpanditure	Date of Disbursement or Obligation
Mileage Category/ Type 002	2 11 23 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Helen Celestine	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 38346 Quinn Rd	Amount
City State Zip Code	40.00
Pearl River LA 70452	Transaction ID: 04de4d1f-f4eb-48b9-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 23 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.10
(a) SOBTOTAL STREAMENT AND ADDRESS OF THE STREAM AND ADDRESS OF THE ST	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Dat	te 12 04 2014

EMIZED INDEPENDENT EXPENDITURES	PAGE 254 OF 317
	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)  Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women opeak out i Ao	C C00530766
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee Helen Celestine	Date of Public Distribution/Dissemination
	11 23 / Y Y Y Y
Mailing Address 38346 Quinn Rd	Amount
City State Zip Code	13.50
Pearl River LA 70452	Transaction ID: 955ac0e3-d33c-4180-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 23 / Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	11 23 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	30.00
Lafayette LA 70503	Transaction ID: e2f3a207-4f54-482c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	43.50
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	12 04 7 2014

Date

	EMIZED INDEPENDENT EXPENDITORES		FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
٧	Women Speak Out PAC					
Ch	neck if 24-hour report 48-hour report New report	ort Amends repor	t filed on Man / Dab / Yaryay			
	Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination			
			11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 220 Doucet Rd		Amount			
	City State	Zip Code	2.10			
	Lafayette LA	70503	Transaction ID: 3f8bd0c8-a9aa-44f4-b Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	Oppose	President Senate State: LA			
	Calendar Year-To-Date	505646.06	Disbursement For: Primary General			
	Per Election for Office Sought	000 10.00	Other (specify) ▶			
	Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination			
			11 23 / 2014			
	Mailing Address 134 Shore Crest Circle		Amount			
	City State	Zip Code	40.00			
	Carrire MS	39426	Transaction ID: d0932a35-d218-4630-8  Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	,	Type 001				
	Name of Federal Candidate  Ms. Mary L Landrieu	Support	Office Sought: House District: 00			
	ivis. ivialy E calluffed	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:			
	(a) SUBTOTAL of Itemized Independent Expenditures					
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(a) 662 16 II.2 of 6 III.6 III.2 of III.6 of III.6 III.2 of III.6 of III.6 III.2 of III.6 of III.6 III.2 of III					
	(c) TOTAL Independent Expenditures		-			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	·			
	Ms. Emily Buchanan [Electroni	ically Filed]	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
	Signature	Date	12 04 2014			

TEMIZE	D INDEPENDENT EXPENDITUR	RES					PAGE 256 FOR LINE 2	OF 317 4 OF FORM 3X
	COMMITTEE (In Full)							ON NUMBER ▼
						C	C00530766	
Check if	24-hour report 48-hour report	New repo	ort Amen	nds repo	rt filed	on	/ D D /	Y = Y = Y
	ame of Payee					Date of Pul	olic Distribution/	Dissemination
Viig	inia T Grant					M M M	23	2014
Mailin	g Address 134 Shore Crest Circle					Amount		
City		State	Zip Code					9.60
Carrir		MS	39426				<b>ID</b> : <b>74aa7656-</b> 6 sbursement or C	
Purpo Milea	se of Expenditure ge		Category/ Type	002		11	23	2014
Name	of Federal Candidate		Sup	pport	Office	Sought:	House	District:00
Ms. N	fary L Landrieu		X Op	pose		President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06		Disbur 2014	sement For:	Primary (specify) ▶	X General
	lame of Payee						blic Distribution/	/Dissemination
Chi	ristopher Marquess					M M M	/ D D /	2014
Mailin	g Address 110 W Pecan St					Amount	لتاا	
City		State	Zip Code					45.00
Ville	Platte	LA	70586				ID: 97af6463-f	
Purpo Salai	se of Expenditure Y		Category/ Type	001		11	23	2014
Name	of Federal Candidate		Su	pport	Office	Sought:	House	District:00
Ms. N	Mary L Landrieu		X Op	pose		President	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06		Disbui 2014	Other	: Primary	X General
(a) SU	BTOTAL of Itemized Independent Expen	ditures			•		<del></del>	54.60
(b) SU	BTOTAL of Unitemized Independent Exp	enditures			•		7 1 7	
(c) TO	TAL Independent Expenditures				•		7 - 7	
with, or	penalty of perjury I certify that the indep r at the request or suggestion of, any ca ommittee) any political party committee of	ndidate or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	D-1-	M 12	M / D04		Y Y 4
Sign	nature			Date	12	. 04	201	

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SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES		257 25 247
TEMIZED INDEPENDENT EXPENDITORES		PAGE 257 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New re	port Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St		Amount
City State	Zip Code	31.50
Ville Platte LA	70586	Transaction ID : 18b0df08-10c8-4fb4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 23 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06 Dist 201	oursement For:  Primary  General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jessica R Resendiz		11 23 2014
Mailing Address 9685 Paula St		Amount
City State	Zip Code	80.00
Keithville LA	71047	Transaction ID : 407d41f8-25c6-49de-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 11 23 7 2014
Name of Federal Candidate	Support Offi	ce Sought: House District:00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	505646.06 Dis	bursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	111.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed]	12 04 2014

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 258 OF 317 FOR LINE 24 OF FORM 3X	
	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼	
W	Vomen Speak Out PAC		C	C00530766	
	neck if 24-hour report 48-hour report New re	report Amends repo	ort filed on /	/ D = D / Y = Y = Y	
٦	Full Name of Payee		Date of Public	c Distribution/Dissemination	
	Jessica R Resendiz		11	23 2014	
	Mailing Address 9685 Paula St		Amount		
	City State	Zip Code		25.80	
	Keithville LA	71047		D: 04f02876-0b67-4dd4-8 ursement or Obligation	
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbu	/ 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate	Support	Office Sought:	House District: 00	
	Ms. Mary L Landrieu	Support Oppose	President	Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: 2014 Other (sp	Primary ⊠ General	
	Full Name of Payee		Date of Publi	ic Distribution/Dissemination	
	Mary Frank		M M M	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 14 Ramblewood Drive			23 2014	
			Amount		
	City State	Zip Code		15.00	
	Covington LA	70435		D: f7f5bb0d-7c34-46d8-a ursement or Obligation	
	Purpose of Expenditure Salary	Category/ Type 001	M = M 11	23 / 2014	
	Name of Federal Candidate	Support	Office Sought:	House District:00	
	Ms. Mary L Landrieu	Oppose	President	Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:	Primary General	
	Per Election for Office Sought	0000 10.01	Other (sp	pecify) -	
_	(a) SUBTOTAL of Itemized Independent Expenditures				
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •		
_	(c) TOTAL Independent Expenditures		<b>&gt;</b>		
1	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
	Ms. Emily Buchanan IElectro	ronically Filed]	12 / 04	/ Y = Y = Y = Y = 2014	
	Signature	Date	, 12 04	2014	

### S IT

Ms. Emily Buchanan

Signature

Mileage  Name of Federal Candidate  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  State  Support  Office Sought: House District:  O0  President  Senate State:  LA  Other (specify) ▶  Date of Public Distribution/Dissemination  Mailing Address  1117 Clipper Dr  Amount  City State  tate  City State State  City State State  City State State State  City State State State State State  City State	1 3X)	
Women Speak Out PAC    Fect Identification Number	17.62	RY.
C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C coos30766  C cotyry Frank  Mailing Address 14 Ramblewood Drive  City State Zip Code Covington LA 70435  Purpose of Expenditure Mileage  Category/ 17		
Check if		·
Theck if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee Mary Frank  Mailing Address 14 Ramblewood Drive  City State Zip Code Covington LA 70435  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address 1117 Clipper Dr  New report Mew report Amends report filed on  Date of Public Distribution/Dissemination  Transaction ID : 7fe7338e-4a7d-499d-8 Date of Disbursement or Obligation  Transaction ID : 7fe7338e-4a7d-499d-8 Date of Disbursement or Obligation  Mary L Landrieu  Support Office Sought: House District: 00 President Senate State: LA  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  City State Zip Code Slidell  LA 70458  Transaction ID : 7fe7338e-4a7d-499d-8 Date of Disbursement For: Primary General State: LA  Cherry Senate State: LA  Amount  Tit / 23 / 2014  Amount  Transaction ID : 528d885-68eb-4fcc-b Date of Disbursement or Obligation  Transaction ID : 528d885-68eb-4fcc-b Date of Disbursement or Obligation  Transaction ID : 528d885-68eb-4fcc-b Date of Disbursement or Obligation	C C00530766	_
Mary Frank  Mailing Address  14 Ramblewood Drive  City  Covington  LA  70435  Purpose of Expenditure Mileage  Purpose of Expenditure Mileage  Category/ Type  Oppose  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  Category/ Type  Disbursement For: Primary  Genera  Covington  LA  70435  Transaction ID: 7fe7338e-4a7d-499d-8 Date of Disbursement or Obligation  Miling Sought: House District: OO President Senate State: LA  Other (specify)  Tother (specify)  Date of Public Distribution/Dissemination  Mailing Address  1117 Clipper Dr  Category/ Mailing Address  1117 Clipper Dr  Category/ Type  Other (specify)  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation		
Mailing Address  14 Ramblewood Drive  City State Zip Code Covington LA 70435  Purpose of Expenditure Mileage  Category/ Type  Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  118		Ξ
City State Zip Code Covington LA 70435  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address 1117 Clipper Dr  Amount  Amount  Amount  Amount  Transaction ID : 7te7338e-4a7d-499d-8 Date of Disbursement or Obligation  Mileage Support Office Sought  Support Office Sought: House District: 00 President X Senate State: LA  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Tull Name of Payee Patricia F Arnold  Mailing Address 1117 Clipper Dr  City State Zip Code Slidell  LA 70458  Transaction ID : ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Mileage State State State State State State State State: LA  Transaction ID : ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Mileage State Sta	11 23 2014	
Covington  LA 70435  Transaction ID: 7fe7338e-4a7d-499d-8 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address 1117 Clipper Dr  City State  Category/ Type  Office  Category/ Type  Office Sought:  House Disbursement For: Primary Genera 2014  Other (specify)  Transaction ID: 7fe7338e-4a7d-499d-8 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  Office Sought: House Disbursement For: Primary Genera 2014  Other (specify)  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Other (specify)  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation	rive	
Purpose of Expenditure  Mileage  Category/ Type  O02  Miliage  Category/ Type  O02  Miliage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  City  State  Category/ Type  O02  Miliage  Support  Support  Office Sought:  House  Disbursement For: Primary  General  Disbursement For: 2014  Other (specify)  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Category/ Type  O01  Name of Expenditure Salary  Category/ Type  O01  Name of Expenditure Salary  One  Category/ Type  O01  One  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  One  Category/ Type  O01  One  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  One  One  One  One  One  One  One  O	State Zip Code 5.40	1
Mileage  Name of Federal Candidate  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  City Slidell  LA  Touse  Support  Office Sought: House District:  00 President X Senate State: LA  Disbursement For: Primary X General Candidate  Date of Public Distribution/Dissemination  111  23  2014  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Category/ Type  Out  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Category/ Type  Out  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation		_
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  City State  LA  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  Onice Sought  President Senate State: LA  Disbursement For: Primary  Genera 2014  Other (specify)  Amount  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation	002	
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  City State  City Slidell  LA  Tourse of Expenditure Salary  Category/ Type  Disbursement For: Primary  Genera  Disbursement For: Primary  Amount  Date of Public Distribution/Dissemination  Amount  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Mailing Address  Category/ Type  Out  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation	Support Office Sought: House District: 00	
Per Election for Office Sought  Full Name of Payee Patricia F Arnold  Mailing Address  1117 Clipper Dr  City Slidell  Purpose of Expenditure Salary  Date of Public Distribution/Dissemination  Amount  Amount  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Category/ Type  Other (specify)  Date of Public Distribution/Dissemination  Amount  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation	Oppose President Senate State: LA	_
Patricia F Arnold  Mailing Address  1117 Clipper Dr  City State Zip Code Slidell LA 70458  Purpose of Expenditure Salary  Category/ Type 001  Name of Fodoral Condidate	505646.06 2014	al 
Mailing Address  1117 Clipper Dr  City State Zip Code Slidell LA 70458  Purpose of Expenditure Salary  Category/ Type 001  Name of Fodoral Condidate	Date of Public Distribution/Dissemination	
City State Zip Code  Slidell LA 70458  Purpose of Expenditure Salary  Category/ Type 001  Amount  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Manuel Category/ Type 001  Amount  Category/ Type 001  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation		Y
Slidell LA 70458  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Transaction ID: ba288d85-68eb-4fcc-b Date of Disbursement or Obligation	Amount	
Purpose of Expenditure Salary  Category/ Type  Oo1  Date of Disbursement or Obligation  Purpose of Fodoral Condidate  Oo2  Oo2  Oo2  Oo2  Oo2  Oo2  Oo2  Oo	State Zip Code 52.00	
Salary Category 7 Type 001 11 23 2014	277 70400	_
Name of Federal Candidate Support Office Sought: House District: 00	Outogory/ 001	Y
	Support Office Sought: House District: 00	_
Ms. Mary L Landrieu    Oppose   President   Senate   State: LA		
Calendar Year-To-Date Per Election for Office Sought  Disbursement For:   Primary   General  Other (specify) ▶	505646.06 2014	al
(a) SUBTOTAL of Itemized Independent Expenditures	lent Expenditures 57.40	
(b) SUBTOTAL of Unitemized Independent Expenditures	endent Expenditures	٦
		-
(c) TOTAL Independent Expenditures	······	]
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	

[Electronically Filed]

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Date

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TEMIZED INDEPENDEN	IT EXPENDITURES		PAGE 260 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Fu	•		FEC IDENTIFICATION NUMBER ▼
Women Speak Out F	PAC		C C00530766
Check if 24-hour report	48-hour report New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Patricia F Arnold			11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1117 Clip	oper Dr		Amount
City	State	Zip Code	9.30
Slidell	LA	70458	Transaction ID : 722d8ffc-91e1-4815-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidat	ie	Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			11 23 2014
Mailing Address 22369 Po	onderosa Dr.		Amount
Cit.	Ctata	7:n Codo	40.00
City Mandeville	State LA	Zip Code 70471	Transaction ID : d8085d48-a62d-4b1e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 23 2014
Name of Federal Candidate	te	Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized	Independent Expenditures		▶ 49.30
(b) SUBTOTAL of Unitemiz	zed Independent Expenditures		-
(c) TOTAL Independent Ex	penditures		•
with, or at the request or su			not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buch		nically Filed]	12 04 2014
Signature	<u></u>	Date	, 12 04 2014

# S

	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 261 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	eck if 24-hour report 48-hour report New report	port Amends repor	t filed on
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.		11 23 2014 Amount
	City State	Zip Code	15.60
	Mandeville LA	70471	Transaction ID : 2e005644-7af9-4b0c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee Jennifer F Gilbert	'	Date of Public Distribution/Dissemination
	Mailing Address 180 McNeil Steep Hollow Rd		Amount
	City State	Zip Code	50.00
	Carriere MS	39426	Transaction ID: 661c4737-7677-42e9-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		65.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Ruchanan		

[Electronically Filed]

Date

2014

	EMIZED INDEFENDENT EXPENDITURES		FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
V	Women Speak Out PAC C00530766					
Ch	neck if 24-hour report 48-hour report New report	ort Amends repor	rt filed on M = M / D = D / Y = Y = Y			
	Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination			
			11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 180 McNeil Steep Hollow Rd		Amount			
	City State	Zip Code	44.70			
	Carriere MS	39426	Transaction ID: d3fc9ba0-6f00-42e5-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	Oppose	President State: LA			
	Calendar Year-To-Date	505646.06	Disbursement For: Primary Seneral 2014			
	Per Election for Office Sought	303040.00	Other (specify) ▶			
	Full Name of Payee  Zachary Vidrine		Date of Public Distribution/Dissemination			
	<u> </u>		11 23 2014			
	Mailing Address 202 Rue Des Cajun		Amount			
	City State	Zip Code	30.00			
	Ville Platte LA	70586	Transaction ID : 524417e4-5653-4c1c-a Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 23 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures		74.70			
	(h) CURTOTAL of Uniterpired Independent Evpenditures					
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures		<b>•</b>			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	• • • • • • • • • • • • • • • • • • • •			
	Ms. Emily Buchanan [Electroni	ically Filed]	12 04 2014			
	Signature	Date	12 04 2014			

	EMIZED INDEPENDENT EXPEND	DITURES			PAGE 263 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
V	Nomen Speak Out PAC			С	C00530766
Ch	heck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	/ D D / Y T Y T Y
	Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
	Zachary Vidrine			M M M	23 2014
	Mailing Address 202 Rue Des Cajun			Amount	
	City	State	Zip Code		10.80
	Ville Platte	LA	70586		n ID : 3544028b-fabf-4f8c-a isbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	Date of Br	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		Oppose	President	X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement Fo 2014 Other	or: Primary X General
	Full Name of Payee Ryan Drake				Public Distribution/Dissemination
	Mailing Address			11	23 / 2014
	29637 Park St			Amount	
	City	State	Zip Code		20.00
	Walker	LA	70785		on ID : ec83392f-8fff-4f03-8 Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	11	/ / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement Fo 2014 Other	or: Primary X General r (specify) ▶
	(a) SUBTOTAL of Itemized Independent	Expenditures			30.80
					7 7 7
	(b) SUBTOTAL of Unitemized Independe	ent Expenditures		· •	7
	(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M / D / D 0	04 2014
	Signature		_ Date		

SCHEDULE E (FEC FORM ( TEMIZED INDEPENDENT EXPEN			DAGE 264	0- 047
IEMIZED INDEPENDENT EAPEN	DITUKES		PAGE 264 FOR LINE 2	OF 317 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hou	r report New repo	port Amends repo	rt filed on	Y   Y   Y   Y
Full Name of Payee			Date of Public Distribution	/Dissemination
Ryan Drake			11 / 23 /	2014
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		2.40
Walker	LA	70785	Transaction ID: 353f7550-	
		T	Date of Disbursement or 0	Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 23 /	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution	/Dissemination
Cynthia N Schmit			11 23	2014
Mailing Address 2226 Taft Circle Apt 1			Amount	20
City	State	Zip Code		15.00
Winchester	VA	22601	Transaction ID : 6e2f3351- Date of Disbursement or	129f-4d3c-a
Purpose of Expenditure Salary		Category/ Type 001	11 23	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		Oppose	President X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary 2014  Other (specify) ▶	/ General
(a) SUBTOTAL of Itemized Independen	ıt Expenditures		•	17.40
(b) SUBTOTAL of Unitemized Independ	dent Evnanditures			
(b) GODIGINE OF CHROMESON HINGESTEE	GIR Exponditures		7	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee	, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	12 04 201	4

Date

TE	EMIZED INDEPENDENT EXPENI	DITURES			PAGE 265 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
٧	Nomen Speak Out PAC			С	C00530766
Ch	heck if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
_	Full Name of Payee Theresa a Youngblood	_		Date of Pub	olic Distribution/Dissemination
	Mailing Address 102 S Main Street Apt	A2		Amount	
	City	State	Zip Code		110.00
	Berryville	VA	22611		ID: 6e4972dc-29b7-4cf4-8 bursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	11	23 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (	Primary
	Full Name of Payee Michael Vidrine			Date of Pul	blic Distribution/Dissemination
	Mailing Address 1103 West Wilson Stre	et :		Amount	
	City	State	Zip Code	— r	70.00
	Ville Platte	LA	70586		ID: 23b4486f-35d1-41a1-8 sbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	11	23 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (	: Primary X General (specify) ▶
	(a) SUBTOTAL of Itemized Independent	Expenditures		. >	180.00
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		<b>•</b>	7 7 7
	(c) TOTAL Independent Expenditures			<b>•</b>	7
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party committee	any candidate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M / D / D 04	D / Y Y Y Y Y Y Y Y Z014
	Signature		_ Bate		'

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 266 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
	neck if 24-hour report 48-hour report	New repo	ort Amends rep	port filed	d on Mam / Dad / Yayayay
7	Full Name of Payee Michael Vidrine				Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street				Amount 23 2014
Ì					
	City State Ville Platte LA	,	Zip Code 70586		21.30 Transaction ID : ddd05230-9a39-4961-a
	Purpose of Expenditure Mileage		Category/ Type 002	2	Date of Disbursement or Obligation  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		Support  Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
	Full Name of Payee Joneisha Stewart				Date of Public Distribution/Dissemination
	Mailing Address 2329 Runnymede Dr				Amount
	City State	.e	Zip Code		40.00
	Marrero LA		70072		Transaction ID : b3a15e9c-13d8-47e1-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 23 2014
	Name of Federal Candidate		Support	Office	ee Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbu 2014	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	61.30
	(b) SUBTOTAL of Unitemized Independent Expenditures			····· <b>&gt;</b>	
	(c) TOTAL Independent Expenditures			···· <b>&gt;</b>	
١	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized			
	Ms. Emily Buchanan	[Electron	nically Filed]		12 04 2014
	Signature		_ · · Da	te	

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 267 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
CI	neck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination
	Mailing Address 2329 Runnymede Dr		11 23 2014 Amount
	City State Marrero LA	Zip Code 70072	9.60  Transaction ID : 6e01c837-6fb7-4960-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		Amount
	City State	Zip Code	30.00
	Winchester VA	22602	Transaction ID : 3aecc20c-df83-4dad-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		39.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		·
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y Y

[Electronically Filed]

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Date

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TI	EMIZED INDEPENDENT EXPENDITURES		PAGE 268 OF 317 FOR LINE 24 OF FORM 3X			
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
۷	Women Speak Out PAC		C C00530766			
Cł	heck if 24-hour report 48-hour report New report	port Amends repo	ort filed on			
	Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination			
			11 23 2014			
	Mailing Address 100 ASBURY CT		Amount			
	City State	Zip Code	30.00			
	WINCHESTER VA	22602	Transaction ID : 0e0d89fe-9999-4f08-b Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 23 2014			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	Jon E Conner		11 23 2014			
	Mailing Address 100 Asbury Ct		Amount			
	City State	Zip Code	30.00			
	Winchester VA	22602	Transaction ID : 15c6a7d1-f2c5-4947-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought: House District: 00			
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures					
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •			
	(c) TOTAL Independent Expenditures		· • · · · · · · · · · · · · · · · · · ·			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electron.	nically Filed]	12 04 2014			
	Signature	Date	12 04 2514			

### S П

Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)					
TI	EMIZED INDEPENDENT EXPENDITURES		PAGE FOR J	269 OF 317 INE 24 OF FORM 3X		
V/	AME OF COMMITTEE (In Full)					
	Vomen Speak Out PAC			ICATION NUMBER ▼		
	·		C C00530	766		
Cł	neck if 24-hour report 48-hour report New re	report Amends repo	rt filed on	/		
	Full Name of Payee		Date of Public Distrik	oution/Dissemination		
	Rodney O Culbreath		11 / 23			
	Mailing Address 100 Asbury Ct		Amount			
	City State	Zip Code		30.00		
	Winchester VA	22602	Transaction ID : 593d  Date of Disbursemen	8b12-7857-4e7c-b		
	Purpose of Expenditure	Category/	M M / D	D / Y Y Y Y		
	Salary	Type 001	11 23	3 2014		
	Name of Federal Candidate	Support	Office Sought: Hou	se District: 00		
	Ms. Mary L Landrieu	X Oppose	President X Sen	ate State: LA		
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Property Other (specify)	rimary X General		
	Full Name of Payee		Date of Public Distril			
	Rodney D Culbreth		11 2:	D / Y Y Y Y		
	Mailing Address 100 Asbury CT		Amount			
	3200 Dam Neck Rd					
	City State	Zip Code		30.00		
	Winchester VA	22602	Transaction ID: 522c  Date of Disbursemen			
	Purpose of Expenditure Salary	Category/ Type 001	11 / 23			
	Name of Federal Candidate	Cupport	Office Sought: Hou	se District:00		
	Ms. Mary L Landrieu	Support		Se District.		
		Oppose	President X Sen	ate otate.		
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: P 2014 Other (specify)	rimary X General		
	(a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	60.00		
	(b) SUBTOTAL of Unitemized Independent Expenditures					
				45		
	(c) TOTAL Independent Expenditures		<b>&gt;</b>	4		
	Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.					

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 270 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	t Amends repor	t filed on
	Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination
	Mailing Address 100 Asbury Ct		11
	City State Z	Zip Code	30.00
	Winchester VA 2	22602	Transaction ID : 6c56a702-5fd0-497d-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination  11 23 2014
	Mailing Address 1703 Torrey Pines Ct		Amount
	City State Z	Zip Code	60.00
		20190	Transaction ID: e90bc2eb-f976-4a45-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		90.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 271 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
	Mailing Address 6101 NORA ST		11 23 2014 Amount
	City State METAIRIE LA	Zip Code 70003	70.00  Transaction ID: 05c76158-701f-4fe5-9
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee ERIC TABARY  Mailing Address GAGA NORA ST		Date of Public Distribution/Dissemination  11 23 2014
	6101 NORA ST		Amount
	City State METAIRIE LA	Zip Code 70003	2.10  Transaction ID : 7e4e46bd-90d8-4e16-a
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		> 72.10
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X)									
	EMIZED INDEPENDENT EXPENDITURES							PAGE 27		17
								FOR LINE	24 OF FOR	М ЗХ
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC					F	EC ID	ENTIFICAT	ION NUMBE	iR ▼
٧	vomen Speak Out PAC						C	00530766		
Cł	neck if 24-hour report 48-hour report	New rep	ort Am	nends repo	rt filed	on	M /	D II D	/ Y - Y - Y	Y
	Full Name of Payee Warren Gravois					М	- M /	D D	n/Disseminati	
	Mailing Address 16005 7th St					Amount	t	23	2014	
	City St:	ate	Zip Code			_			20.0	10
	Pearlington M		39572					: 0cf6a8fb	-20af-4601-8	
	Purpose of Expenditure Salary		Category/ Type	001			M /	23	2014	Y
	Name of Federal Candidate			Support	Office	Sought:		House	District:	00
	Ms. Mary L Landrieu			Oppose		Presider		Senate	State:L	_A
	Calendar Year-To-Date Per Election for Office Sought		505646.06	6	Disbui 2014	rsement Oth		Prima	ry X Ge	neral
	Full Name of Payee					Date of	f Public	Distributio	n/Disseminat	ion
	Warren Gravois						11 /	23	2014	
	Mailing Address 16005 7th St					Amoun	t			
	City St	ate	Zip Code			Γ.			1.5	i0
	Pearlington N	/IS	39572						e-1563-472d- Obligation	·b
	Purpose of Expenditure Mileage		Category/ Type	002			11 /	23	2014	
	Name of Federal Candidate		<u>'</u>	Support	Office	Sought:	: [	House	District:	00
	Ms. Mary L Landrieu			Oppose		Presider		Senate	State:	LA
	Calendar Year-To-Date Per Election for Office Sought		505646.0	6	Disbu 2014			Prima ecify) ►	ry 🔀 Ge	neral
	(a) SUBTOTAL of Itemized Independent Expenditures								21.50	$\overline{}$
	(,,						-	7		_
	(b) SUBTOTAL of Unitemized Independent Expenditures	i			•		-7-			
	(c) TOTAL Independent Expenditures				•	<u> </u>	-			
	Under penalty of perjury I certify that the independent e									

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	12 M	04	2014
Signature					

TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 273 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷v	Vomen Speak Out PAC	C C00530766	
 Ch€	eck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
T	Full Name of Payee Mary Frank		Date of Public Distribution/Dissemination
-	Mailing Address 14 Ramblewood Drive		11 22 2014
	I		Amount
ı	City State	Zip Code	15.00
	Covington LA	70435	Transaction ID: b734e21f-ee9f-480a-a Date of Disbursement or Obligation
Ì	Purpose of Expenditure Salary	Category/ Type 001	11 / D D / Y Y Y Y Y Y 2014
Ì	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Mary Frank		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 14 Ramblewood Drive		Amount
	City State	Zip Code	1.56
Ì	Covington LA	70435	Transaction ID : 568e93cc-e1a9-4178-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 22 2014
Ì	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 16.56
(	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •
(	(c) TOTAL Independent Expenditures		<b>•</b>
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	nically Filed] Date	12 04 2014
	Signature	Date	,

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
T	EMIZED INDEPENDENT EXPENDITURES		PAGE 274 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	oort Amends repo	ort filed on
	Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination
	Mailing Address 202 Rue Des Cajun		11 22 2014 Amount
	City State Ville Platte LA	Zip Code 70586	Transaction ID : 537f5ead-7160-45a3-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General  2014  General
	Full Name of Payee Zachary Vidrine  Mailing Address 202 Rue Des Cajun		Date of Public Distribution/Dissemination  11
			7.11104.11
	City State Ville Platte LA	Zip Code 70586	15.60 Transaction ID : 50e02fdf-6591-4884-9
	Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 65.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		··· •
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 275 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New rep	eport Amends report filed	d on Mam / Dab / Yayayay
7	Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination
	Mailing Address 119 Goldenwood Dr		11 22 2014
			Amount
	City State	Zip Code	40.00
	Slidell LA	70461	Transaction ID: 43c8a803-861e-486e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06 Disbu 2014	ursement For: Primary X General
	Full Name of Payee		Date of Public Distribution/Dissemination
	Debra Lindsey		M M / D D / Y Y Y Y
	Mailing Address 119 Goldenwood Dr		11 22 2014
	1 To Goldenwood 2.		Amount
	City State	Zip Code	13.50
	Slidell LA	70461	Transaction ID : c9b9434f-a308-47b8-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Office	ce Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date	Disbu 505646.06 2014	oursement For: Primary X General
	Per Election for Office Sought	000000	Other (specify) -
1	(a) SUBTOTAL of Itemized Independent Expenditures		53.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures	······	
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electron	onically Filed] Date 12	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

TEMIZED INDEPENDENT EXPENDITUR	RES			PAGE 276 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Laura U Logie				of Public Distribution/Dissemination
			[	11 24 2014
Mailing Address 2565 Shire Circle			Amou	unt
City	State	Zip Code		40.00
Harrisonburg	VA	22801		action ID: 5c4d5e2d-4f7c-45d6-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	11 24 2014
Name of Federal Candidate		Support	Office Sough	ht: House District:00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014	
Full Name of Payee Nicholas O Wilcox			Date	of Public Distribution/Dissemination
Mailing Address 1981 Cherokee St			Amou	
City	State	Zip Code		52.00
Baton Rouge	LA	70806		action ID : fdb804f9-19e0-4df0-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disburseme 2014	nt For: Primary
				<u> </u>
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	92.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	04 2014
Signature				

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Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)		
TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 277 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New re	port Amends repo	ort filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Krista J Smith		11 24 2014
	Mailing Address 41176 Bertville Rd		Amount
	City State	Zip Code	20.00
	Gonzales LA	70737	Transaction ID : 95606519-7dec-4a27-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Office Sought: House District: 00
	Ms. Mary L Landrieu	Support  Oppose	Office Gought. Plouse District.
	Calendar Year-To-Date	Oppose	President Senate State: LA  Disbursement For: Primary General
	Per Election for Office Sought	505646.06	2014 Other (specify) ▶
	Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination
	Krista J Siliitii		11 24 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 41176 Bertville Rd		Amount
	City State	Zip Code	1.23
	Gonzales LA	70737	Transaction ID : 3652eed6-92e7-4934-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
	Name of Federal Candidate		Office Sought: House District: 00
	Ms. Mary L Landrieu	Support	Office Sought. Trouse District.
	ivis. Iviary E canuneu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  Gther (specify) ▶
	I.		(1)
	(a) SUBTOTAL of Itemized Independent Expenditures		21.23
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
			7 7 7
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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### SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FEC FOIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 278 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Noah J Smith	tte of Public Distribution/Dissemination
Mailing Address 41174 Bertville Rd Am	11 24 2014 nount
Chata Zin Coda	20.00
City State Zip Code  Gonzales LA 70737 Tran	20.00 nsaction ID : 4cc14b66-e349-44fe-b
Purpose of Expenditure  Solony  Category/  Odd	te of Disbursement or Obligation
Salary Salary 001	11 24 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee Tammay Williams	ate of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St	nount
City State Zip Code  New Orleans LA 70116 Train	40.00 nsaction ID : 789c7cfe-0204-4ecf-9
Purpose of Expanditure	ate of Disbursement or Obligation
Salary Category 001 Type	11 24 2014
Name of Federal Candidate  Support  Office Sor	ught: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Ms. Emily Buchanan

Signature

36	CHEDULE E (FEC Form 3X)				
TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 279 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	d on Mam / Dad / Yayayay
	Full Name of Payee				Date of Public Distribution/Dissemination
	Tammay Williams				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	Mailing Address 924 N. Prieur St				Amount
	City	State	Zip Code		9.00
	New Orleans	LA	70116		Transaction ID : 3d1c359a-609d-4d3c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M M / D D / Y Y Y Y Y 1 1 2 2 2 2 2 1 4
	Name of Federal Candidate			0,11	e Sought: House District: 00
	Ms. Mary L Landrieu		Support	Offic	riouse District.
	Calendar Year-To-Date		X Oppose	Disb	President Senate State: LA  ursement For: Primary General
	Per Election for Office Sought	, ,	505646.06	2014	
	Full Name of Payee Antoinette Franklin				Date of Public Distribution/Dissemination
	Mailing Address 8822 Apple St				11 24 2014 Amount
					Tundant
	City	State	Zip Code		40.00
	New Orleans	LA	70188		Transaction ID: 17c8ba71-cb70-4973-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
	Name of Federal Candidate		Support	Offic	e Sought: House District: 00
	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disb 201	
		, , , , , , , , , , , , , , , , , , , ,			Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditure	∋s		▶	49.00
	(b) SUBTOTAL of Unitemized Independent Expendit	tures			
					7 7 7
	(c) TOTAL Independent Expenditures			··· <b>•</b>	7 7 7
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			

[Electronically Filed]

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Date

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		2:05 000 05 047
IEMIZED INDEPENDENT EXPENDITURES		PAGE 280 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	ort Amends report	filed on filed on filed on filed on filed on filed on filed filed on filed filed on filed
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St		11 24 2014 Amount
Citato	7'5 0545	9.00
City State New Orleans LA	Zip Code 70188	Transaction ID : c79e59b4-cafc-4217-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  Other (specify) ▶
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination  11 24 2014
Mailing Address 995 Clairborne Rd		Amount
City State	Zip Code	37.00
Calhoun LA	71225	Transaction ID : a471bbf1-9782-4a17-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	)	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electroni	ically Filed]	12 04 2014

### 17

	CHEDULE E (FEC Form 3X)					
ΓĿ	EMIZED INDEPENDENT EXPENDITURES					DF 317 F FORM 3X
	AME OF COMMITTEE (In Full)			FEC IDENTIF	FICATION N	NUMBER ▼
\ _	Nomen Speak Out PAC			C C0053	0766	
_ Ch	heck if 24-hour report 48-hour report New report Ame	nends repo		M / D	D / Y	Y Y Y Y
	Full Name of Payee Heather A Smith		M			emination
	Mailing Address 995 Clairborne Rd		Amour			
	City State Zip Code		-			21.90
	Calhoun LA 71225			ction ID : 0cb		-4efb-8
	Purpose of Expenditure Mileage  Category/ Type	002	М	M / D		2014
	Name of Federal Candidate S	Support	Office Sought	t: Hou	use Distr	rict:00
	Manual Landrau	Oppose	Preside	ent Ser	-	ate: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.06	ð	Disbursement 2014 Ot	t For: F		X General
	Full Name of Payee Hannah J Landry				ribution/Diss	semination 2014
	Mailing Address 1110 N Coolidge		Amour			
	City State Zip Code			- 40	40	95.00
	Gonzales LA 70737			ction ID : 9a1 of Disburseme		
	Purpose of Expenditure Salary Category/ Type	001		11 / 2	24 Y	2014
	Name of Federal Candidate	Support	Office Sought	t: Ho	use Distr	rict: 00
	Ms. Mary L Landrieu	Oppose	Preside			ate: LA
	Calendar Year-To-Date Per Election for Office Sought 505646.06	6	Disbursement 2014 Of	t For: F	- 6	General
	(a) SUBTOTAL of Itemized Independent Expenditures			7		116.90
	(b) SUBTOTAL of Unitemized Independent Expenditures		· •		7	
_	(c) TOTAL Independent Expenditures		· .	7	7	
	Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee o party committee) any political party committee or its agent.					
	Ms. Fmily Ruchanan					

[Electronically Filed]

Date

2014

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURE	ES		PAGE 282 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Hannah J Landry  Mailing Address 1110 N Coolidge			Date of Public Distribution/Dissemination
1110.11 555255			Amount
City Gonzales	State LA	Zip Code 70737	24.00 Transaction ID : cdca09dc-7b4c-4925-8
Purpose of Expenditure Mileage		Category/	Date of Disbursement or Obligation
		Type 002	11 24 2014
Name of Federal Candidate  Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00  President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Mary C Lee  Mailing Address 1030 N Coolidge Ave			Date of Public Distribution/Dissemination  11 24 2014  Amount
City	State	Zip Code	95.00
Gonzales	LA	70737	Transaction ID: 1a7fe480-2b08-4257-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		> 119.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		-
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed]	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TE	EMIZED INDEPENDENT EXPENDITURES	S			PAGE 283 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC				C C00530766
Ch	heck if 24-hour report 48-hour report	New repo	oort Amends repo		M
_	Full Name of Payee			Date	of Public Distribution/Dissemination
	Mary C Lee			TM	11 24 2014
	Mailing Address 1030 N Coolidge Ave			Amou	ınt
	City	State	Zip Code		24.00
	Gonzales	LA	70737		oction ID: b5d49896-f705-4e30-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 24 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	505646.06	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Lilly Green			N.	11 24 2014
	Mailing Address 205 Medallion Circle			Amou	
	City	State	Zip Code		80.00
	Shreveport	LA	71119		action ID: a95d4236-398f-4edd-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursemer 2014 C	nt For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditu	ures			104.00
					7 7 7 7
	(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	7
	(c) TOTAL Independent Expenditures			. •	7 1 7 1 7
	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 284 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
	ate of Public Distribution/Dissemination
Lilly Green	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle Ar	mount
City State Zip Code	69.60
Shreveport LA 71119 Tra	nsaction ID: 91fe457f-eb26-455f-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 24 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursel 2014	ment For:
Full Name of Payee  Jennifer F Gilbert	ate of Public Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd	mount
City State Zip Code	80.00
	ansaction ID: db12967c-6f71-4f57-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 24 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	149.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan	

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 285 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
	Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination
	Mailing Address 180 McNeil Steep Hollow Rd		11 24 2014 Amount
	011	7'- 0-1-	42.00
	City State Carriere MS	Zip Code 39426	Transaction ID : 6f9a22eb-b49b-4583-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination  11 24 2014
	Mailing Address 2517 N 47th St		Amount
	City State	Zip Code	10.00
	Milwaukee WI	53210	Transaction ID: 6d221395-3ca3-462f-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		53.80
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y Y

[Electronically Filed]

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Date

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### SCHEDULE E (FEC Form 3X)

SCILLOLL (FLC FOIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 286 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends r	report filed on Man / Dad / Yayayay
Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
Mailing Address	11 / 24 / 2014
110 W Pecan St	Amount
City State Zip Code	45.00
Ville Platte LA 70586	Transaction ID : b35f8234-cd67-4acb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 0	001 11 24 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination  11 24 2014
Mailing Address 110 W Pecan St	Amount
City State Zip Code Ville Platte LA 70586	32.70 Transaction ID : 70f463cf-2f35-426a-b
Purpose of Expenditure Mileage  Category/ Type  0	Date of Disbursement or Obligation  102
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	77.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	····· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 12 04 2014

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES		DAOF 207 OF 217
IEMIZED INDEPENDENT EXPENDITURES		PAGE 287 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report N	lew report Amends report	t filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Felicia A Jones		11 24 2014
Mailing Address 4106 Martha St		Amount
City State	Zip Code	80.00
Shreveport LA	71109	Transaction ID : 54b6ed7d-f605-45a4-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  11 24 2014
Name of Federal Candidate		Office Sought: House District: 00
Ms. Mary L Landrieu	Support Oppose	Office Sought: House District: 00  President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General  2014  Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
Felicia A Jones		11 24 2014
Mailing Address 4106 Martha St		Amount
City State	Zip Code	9.30
Shreveport LA	71109	Transaction ID: 97fe0322-9abb-4dc4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		89.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	12 04 2014

Date

### SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 288 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Bobbie M Steinsholt	Date of Public Distribution/Dissemination
Mailing Address 3009 Skelly St	11 24 2014 Amount
City State Zip Code	60.00
Shreveport LA 71107	Transaction ID : 0c5fecc0-dc20-487d-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	
Name of Federal Candidate	Support Office Sought: House District: 00
	Oppose President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  505646.0	Disbursement For: Primary X General
Ma Mary Llandricu	Date of Public Distribution/Dissemination  M M M / 24 / 2014  Amount  60.00  Transaction ID: 653f8545-3b47-4aad-b Date of Disbursement or Obligation  M 11 / 24 / 2014  Support Office Sought: House District: 00 Oppose President Senate State: LA  Disbursement For: Primary General
(a) SUBTOTAL of Unitermized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 12 04 2014	

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 289 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC				C C00530766
Ch	neck if 24-hour report 48-hour report	New repo	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee Maegan E McDaniel			Da	tte of Public Distribution/Dissemination
	Mailing Address 3009 Skelly St			An	11 24 2014 mount
	<u> </u>				22.50
	City Shreveport	State LA	Zip Code 71107		22.50  nsaction ID : d6269d1b-553f-4799-8 tte of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		te of Disbursement or Obligation
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	Ms. Mary L Landrieu		X Oppose		sident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	505646.06	Disbursem 2014	nent For:
	Full Name of Payee Francis Richardson			Da	ate of Public Distribution/Dissemination
	Mailing Address 220 Doucet Rd			An	mount
	City	State	Zip Code		35.00
	Lafayette	LA	70503		nsaction ID : 629dada0-c197-497b-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	Ms. Mary L Landrieu		> Oppose		esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursen 2014	ment For:
	(a) SUBTOTAL of Itemized Independent Expenditures	·S			57.50
	(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>.</b> [	
	(c) TOTAL Independent Expenditures			· • [	
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M 12	04 2014
	Signature		_ Date	, [	

# SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIII 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 290 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	port filed on
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	3.03
City State Zip Code Lafayette LA 70503	Transaction ID : 9621570b-64dc-44d0-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary
Full Name of Payee Christopher L Gilbert  Mailing Address 55 Lovell Johnson Rd	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y  Amount
	20.00
City State Zip Code Picayune MS 39466	Transaction ID : 0bd087d2-9f55-4461-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 83.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	te 12 04 2014

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITUI	RES				PAGE 291	OF 317
NAME OF COMMITTEE (In Full)				1	FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) Women Speak Out PAC				FEC II	DENTIFICATION	ON NUMBER ▼
Women opeak out 1710				C	C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo		М = М	/ D = D /	Y I Y I Y I Y
Full Name of Payee Christopher L Gilbert			Date			Dissemination
Mailing Address			L	11 M	24	2014
55 Lovell Johnson Rd			Amo	unt		
City	State	Zip Code				45.90
Picayune	MS	39466			<b>D: b3793af6-9</b> ursement or C	
Purpose of Expenditure Mileage		Category/ Type 002		11 M	24	2014
Name of Federal Candidate		Support	Office Soug	ıht:	House	District: 00
Ms. Mary L Landrieu		X Oppose	Presid	_	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme	ent For: Other (sp	Primary Decify) ▶	X General
Full Name of Payee			Date	of Publ	ic Distribution/	/Dissemination
Jessica R Resendiz				M M M	/ 24 /	2014
Mailing Address 9685 Paula St			Amo	ount		
City	State	Zip Code	-			70.00
Keithville	LA	71047			D: 7b6585f2-7 ursement or 0	
Purpose of Expenditure Salary		Category/ Type 001		M M 11	24	2014
Name of Federal Candidate		Support	Office Soug	aht:	House	District: 00
Ms. Mary L Landrieu		Oppose	Presi		X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburseme 2014	ent For: Other (s	Primary	General
(a) SUBTOTAL of Itemized Independent Exper	nditures		· [	-	1 1 7	115.90
(b) SUBTOTAL of Uniternized Independent Exp	oenditures		• [			
(c) TOTAL Independent Expenditures			· [		1 1 7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any cap party committee) any political party committee	indidate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	M_M_/	04	/ Y Y 201	4 Y Y

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	CHEDULE E (FEC Form 3X)		
1 6	MIZED INDEPENDENT EXPENDITURES		PAGE 292 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC		C C00530766
Ch	eck if 24-hour report 48-hour report New rep	port Amends report	filed on M = M / D = D / Y = Y = Y
	Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St		11 24 2014
	9000 Faula St		Amount
	City State Keithville LA	Zip Code 71047	24.60  Transaction ID : cac6b581-a0b4-4eba-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
	Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination
	Mailing Address 605 W Houston St		Amount
	City State	Zip Code	40.00
	Marshall TX	75633	Transaction ID: 4265716e-01e8-40d6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		64.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	·······	
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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Date

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TEMIZED INDEPENDENT EXPE	NDITURES			PAGE 293 OF 317 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	vomen Speak Out PAC				
Check if 24-hour report 48-ho	our report New repo	ort Amends repo		= M / D = D / Y = Y = Y	
Full Name of Payee Alice K Salazar			Date of	of Public Distribution/Dissemination	
			М	11 24 2014	
Mailing Address 605 W Houston St			Amou	nt	
City	State	Zip Code		53.70	
Marshall	TX	75633		ction ID: 31b817fc-76dd-45ad-8 of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		11 24 / 2014	
Name of Federal Candidate		Support	Office Sough	t: House District: 00	
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶	
Full Name of Payee Taylor De Julian-Hernande	ez			of Public Distribution/Dissemination	
Mailing Address 284 Cr 1401			Amou	nt	
City	State	Zip Code		60.00	
Carthage	TX	75633		oction ID : 1db13336-1581-4c08-9 of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 24 2014	
Name of Federal Candidate		Support	Office Sough	nt: House District:00	
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014	nt For:  Primary	
(a) SUBTOTAL of Itemized Independent	ent Expenditures			113.70	
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		•	7 1 7 1 7	
(c) TOTAL Independent Expenditures.			•	7 1 7 1 7	
Under penalty of perjury I certify that with, or at the request or suggestion c party committee) any political party co	of, any candidate or authorized				
Ms. Emily Buchanan	[Electron	ically Filed]	M M /	04 / Y Y Y Y Y	
Signature	Elicuon	Date	, 12	04 2014	

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	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 294 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	Amends report	t filed on
	Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination
	Mailing Address 2506 Bolch Street		11
	City State Zip	p Code	80.00
	Shreveport LA 71	1104	Transaction ID : ea5ad6fa-7b70-483e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination
	Mailing Address 2506 Bolch Street		Amount
	City State Zi	p Code	53.40
	Shreveport LA 7	1104	Transaction ID: 25a0cf31-4cc4-4dc6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		133.40
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

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Date

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		202 202 25 247
IEMIZED INDEPENDENT EXPENDITURES		PAGE 295 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Hilary Townsend		11 24 2014
Mailing Address 4506 US Hwy 79 North		Amount
City State	Zip Code	60.00
Deberry TX	75639	Transaction ID : 2e0b3979-826e-4255-a
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
Salary	Type 001	11 24 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Ana L Esquivel		11 24 2014
Mailing Address 284 Cr 1401		Amount
City State	z Zip Code	60.00
Carthage TX	75633	Transaction ID : 2b14f8cd-f845-4fc6-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		120.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

	EMIZED INDEPENDENT EXPENDIT	:URES			PAGE 296 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC			С	C00530766
Ch	neck if 24-hour report 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	Full Name of Payee			Date of Pub	blic Distribution/Dissemination
	Lesley Lennox			M 11	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2305 Cleary Ave			Amount	
	City	State	Zip Code		10.00
	Metairie	LA	70001		ID: bcfbb1a2-3691-440f-a sbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M M M 11	/ D D / Y Y Y Y Y Y Y 2014
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Ms. Mary L Landrieu		Oppose	President	X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (	: Primary X General (specify) ▶
	Full Name of Payee Lesley Lennox			Date of Pul	blic Distribution/Dissemination
	Mailing Address 2305 Cleary Ave			Amount	
	City	State	Zip Code		0.90
	Metairie	LA	70001		ID: 7cef0a9f-0127-40d9-b sbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M 11	24 2014
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: 2014 Other (	: Primary
	(a) SUBTOTAL of Itemized Independent Exp	penditures			10.90
	(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7
	(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
١	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	12 04	1 2014
	Signature		_ Date	نا ليا	

# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES		PAGE 297 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report	t filed on Man / Dan / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Joneisha Stewart		11 24 2014
Mailing Address 2329 Runnymede Dr		Amount
City State Zi	ip Code	60.00
	0072	Transaction ID: 0bb33f23-8811-4219-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 24 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	> Oppose	President X Senate State: LA
Calendar Year-To-Date		Disbursement For: Primary General 2014
Per Election for Office Sought	505040.00	Other (specify)
Full Name of Payee  Joneisha Stewart		Date of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr		11 24 2014
<u>'</u>		Amount
	ip Code	7.50
	70072	Transaction ID: 4c90f00a-6b51-4063-a  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	505646.06	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		67.50
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		•
		*
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized or party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	llv Filed]	12 04 2014
Signature	Date	12 04 2014

TE	EMIZED INDEPENDENT EXPENDITURES	S			PAGE 298 FOR LINE 2	OF 317 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATI	ON NUMBER ▼
W	Vomen Speak Out PAC				C C00530766	
Ch	neck if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed or	M = M / D = D /	Y Y Y Y Y
	Full Name of Payee				ate of Public Distribution	/Dissemination
	Julia Perry				11 24	2014
	Mailing Address 2046 Perrin St Apt C			٨	mount	
	City	State	Zip Code	-		100.00
	Shreveport	LA	71101		ansaction ID : ee32281date of Disbursement or 0	-8bef-481d-9
	Purpose of Expenditure Salary		Category/ Type 001		11 24	2014
	Name of Federal Candidate		Support	Office S	ought: House	District: 00
	Ms. Mary L Landrieu		X Oppose		esident X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	505646.06	Disburse 2014	ment For: Primary Other (specify)	y X General
	Full Name of Payee Julia Perry				Pate of Public Distribution	Y Y Y Y Y
	Mailing Address 2046 Parris St Apt C				11 24	2014
	2046 Perrin St Apt C			<i>A</i>	mount	
	City	State	Zip Code			13.50
	Shreveport	LA	71101		ansaction ID : 25625908 Pate of Disbursement or	
	Purpose of Expenditure Mileage		Category/ Type 002		11 / 24	2014
	Name of Federal Candidate		Support	Office S	ought: House	District:00
	Ms. Mary L Landrieu		X Oppose	P	resident Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disburse 2014	ement For: Primary  Other (specify) ▶	y X General
_						
	(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•		113.50
	(b) SUBTOTAL of Unitemized Independent Expend	ditures				
				-		
	(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7	
1	Under penalty of perjury I certify that the independent, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M M	/ Da D / Y Y 202	14
	Signature		_ Date	,	تحا لننا ا	

Ms. Emily Buchanan

Signature

SCHEDULE E (FEC Form 3 TEMIZED INDEPENDENT EXPEN			PAGE 299 OF 317
JAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3
NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼
Tromon opean out 1710			C C00530766
Check if 24-hour report 48-hour	report New r	report Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	60.00
Ville Platte	LA	70586	Transaction ID: b4b08cf6-1915-4627-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Zachary Vidrine  Mailing Address 202 Rue Des Cajun			Date of Public Distribution/Dissemination
			Amount
City	State	Zip Code	19.20
Ville Platte	LA	70586	Transaction ID : f3086575-46ed-491d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For: ☐ Primary ☐ Genera 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		> 79.20
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		
(c) TOTAL Independent Expenditures			•
	any candidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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Date

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	MIZED INDEPENDENT EXPENDITURES		PAGE 300 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)  /omen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼  C C00530766
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	ort filed on
	Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination  11 24 2014
	Mailing Address 9685 Paula St		Amount
ŀ	City State	Zip Code	80.00
	Keithville LA	71047	Transaction ID : 6ec9e728-4732-4eb3-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination  11 24 2014
	Mailing Address 9685 Paula St		Amount
ŀ	City State	Zip Code	54.30
	Keithville LA	71047	Transaction ID: 8b4aa129-519e-48ff-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 134.30
(	(b) SUBTOTAL of Unitemized Independent Expenditures		-
(	(c) TOTAL Independent Expenditures		•
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	·
	Ms. Emily Buchanan [Electronic	ically Filed] Date	12 04 2014
	Signature	_ Date	

	CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPEN					PAGE 301 FOR LINE 24		317 RM 3X
	AME OF COMMITTEE (In Full)				FEC	IDENTIFICATIO	N NUMB	ER ▼
١	Nomen Speak Out PAC				С	C00530766		
С	heck if 24-hour report 48-hou	r report New rep	ort Amends repo	ort filed on	I = M	/ D D /	YIYI	Y
	Full Name of Payee			Date	of Pub	olic Distribution/[	Dissemina	ation
	Elvis Spears			N.	11	/ D D / 24	2014	4
	Mailing Address 2150 Hope St			Amou	ınt		-	
	City	State	Zip Code	— I			80	.00
	New Orleans	LA	70119			ID: 0e78af70-f2 bursement or O		·a
	Purpose of Expenditure Salary		Category/ Type 001		11 M	/ D D /	2014	
	Name of Federal Candidate		Cummont	Office Sough		Lleuee [	District:	00
	Ms. Mary L Landrieu		Support Oppose	Preside		House [	State: _	LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014	nt For:			eneral
	Full Name of Payee	-				olic Distribution/l	Dissemin	ation
	Elvis Spears				11	/ D D / 24		Y Y
	Mailing Address 2150 Hope St			Amou		1 1 2 1	201	
	City	State	Zip Code	— I			15	.60
	New Orleans	LA	70119			ID: 9e127a43-5 bursement or O		i-8
	Purpose of Expenditure Mileage		Category/ Type 002		11	24	201	
	Name of Federal Candidate		Support	Office Sough	nt:	House I	District: _	00
	Ms. Mary L Landrieu		Oppose	Presid		X Senate	State: _	LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemer 2014		Primary specify) ▶	X G	eneral
	(a) SUBTOTAL of Itemized Independen	t Expenditures		· [		-	95.60	0
	(b) SUBTOTAL of Unitemized Independ	lent Expenditures				7 7		ľ
	(c) TOTAL Independent Expenditures			•		7		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized						
	Ms. Emily Buchanan			M M /	D	D / Y Y	Y	

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 302 OF 317
			FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
v	vomen opeak out i Ao		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	ort Amends repor	t filed on
	Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination
	Mailing Address 2226 Taft Circle Apt 1		Amount
	City State	Zip Code	12.50
	Winchester VA	22601	Transaction ID : 62555975-fbee-41a6-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
	Mailing Address 6101 NORA ST		Amount
	City State	Zip Code	60.00
	METAIRIE LA	70003	Transaction ID : f1a83f40-8f9c-4f27-8  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		72.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / V V V

[Electronically Filed]

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Date

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	CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPEN				PAGE 303 FOR LINE	3 OF 317 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			ı	FEC IDENTIFICAT	ION NUMBER ▼
١	Nomen Speak Out PAC				C C00530766	
С	heck if 24-hour report 48-hour	r report New report	ort Amends repo	rt filed on	M / D D /	Y = Y = Y = Y
	Full Name of Payee ERIC TABARY				of Public Distribution	n/Dissemination
	Mailing Address 6101 NORA ST				11 24	2014
	City	State	Zip Code	ــــــــــــــــــــــــــــــــــــــ		2.70
	METAIRIE	LA	70003		ction ID: 256793c6 of Disbursement or	
	Purpose of Expenditure Mileage		Category/ Type 002		11 24	2014
	Name of Federal Candidate		Support	Office Sought:	t: House	District: 00
	Ms. Mary L Landrieu		Oppose	Preside		State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Otl	For: Primar	y X General
	Full Name of Payee				of Public Distributio	n/Dissemination
	Jeanne Tribou			M		2014
	Mailing Address 22369 Ponderosa Dr.			Amoun		2011
	City	State	Zip Code			40.00
	Mandeville	LA	70471		ction ID : eac82a79	9-f34c-4f40-9
	Purpose of Expenditure Salary		Category/ Type 001	М	11 / 24	2014
	Name of Federal Candidate		Support	Office Sought	t: House	District: 00
	Ms. Mary L Landrieu		Oppose	Preside		State: LA
	Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement 2014 Ot	t For: Primai	ry X General
	(a) SUBTOTAL of Itemized Independent	t Expenditures		<b>.</b>	7	42.70
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures		· •	7	
	(c) TOTAL Independent Expenditures			•	17 17	1 4
	Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized				
	Ms. Emily Buchanan			M M /	D = D / Y = Y	Y Y

[Electronically Filed]

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Date

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
Π	EMIZED INDEPENDENT EXPENDITURES		PAGE 304 OF 317 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination  11 24 2014
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State Mandeville LA	Zip Code 70471	9.30  Transaction ID: 8273f72c-5d23-42eb-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee Cathy Longtin  Mailing Address 827 Navavre Ave		Date of Public Distribution/Dissemination  M M / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	7:a Cada	80.00
	City State  New Orleans LA	Zip Code 70124	Transaction ID : b0b4d9cc-8df4-46b9-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		89.30
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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# SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPEND				PAGE 305 OF 317
I LIMIZED INDEL ENDENT EXTEND	TIONES			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour	report New re	report Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Cathy Longtin			M M M	/ D D / Y Y Y Y Y Y 2014
Mailing Address 827 Navavre Ave			Amount	استنتا لتنا
				0.00
City New Orleans	State LA	Zip Code 70124	Transaction II	9.90 D : 642b6e41-3613-499d-b
		70124		oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 M	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		X Senate State: LA
Calendar Year-To-Date			Disbursement For:	Primary X General
Per Election for Office Sought		505646.06	2014 Other (s	
Full Name of Payee Theresa a Youngblood			Date of Publ	lic Distribution/Dissemination
Mailing Address 102 S Main Street Apt A	<del>1</del> 2		Amount	
City	State	Zip Code		65.00
Berryville	VA	22611		D: 2b3ee75d-442f-4cb8-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	/ 24 / Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Cupport  Oppose	- 1	X Senate State: LA
Calendar Year-To-Date			Disbursement For:	Primary X General
Per Election for Office Sought		505646.06	2014	specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	74.90
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authoriz			
Ms. Emily Buchanan	[Electr	ronically Filed] Date	9 12 / 04	2014
Cianatura				

	PAGE FOR L	306 INE 24	OF F	317 ORM 3X	1
DENTIFICATION NUMBER ▼					
С	ENTIFI	CATIO	N NUM	BER ▼	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Francesca Blom		11 24 2014
Mailing Address 101 Asbury Ct		Amount
City State Zip Co	ode	92.50
Winchester VA 22602		Transaction ID: 44cc280c-ac98-4f15-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category	gory/ Type 001	11 24 2014
Name of Federal Candidate	Support Office	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 5056	Disbu 2014	ursement For: Primary
Full Name of Pause		
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination  11 24 2014
Mailing Address 629 Radiance Ave		Amount
City State Zip Co	ode	80.00
Metairie LA 70001	1	Transaction ID: 5b749f2a-f90e-465d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category	gory/ Type 001	11 24 2014
Name of Federal Candidate	Support Office	e Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought 5056	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	172.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized comm party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fi	iled] Date 1	2 04 2014
Signature		

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE 307 OF 317
			FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)  Vomen Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
٧	vomen Speak Out FAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	Amends report file	ed on Man / Dab / Yayayay
	Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination
	Mailing Address 629 Radiance Ave		11
	City State Zip	Code	5.40
		001	Transaction ID : 5aa0ea81-ced0-4854-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	ategory/ Type 002	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Off	ice Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	05646.06 Dis 201	bursement For: Primary ☐ General  Other (specify) ►
	Full Name of Payee  Carl Brent		Date of Public Distribution/Dissemination  11 24 2014
	Mailing Address 6718 Lake Willow Dr		Amount
	City State Zip	Code	80.00
	New Orleans LA 70	126	Transaction ID: 278b8fa4-dfdb-4ab4-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	ategory/ Type 001	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support Off	fice Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	Dis 20	sbursement For: Primary X General  14 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	85.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	·····	7 7
	Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized cor party committee) any political party committee or its agent.		
	Ms. Emily Buchanan	-	M M / D D / Y Y Y

[Electronically Filed]

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Date

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### **SCHEDULE E** ITEMIZED INDEP

MIZED INDEPENDENT EXPENDI			PAGE 308 OF 317 FOR LINE 24 OF FORM 33
ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
omen Speak Out PAC			C C00530766
eck if 24-hour report 48-hour re	port New re	eport Amends repo	ort filed on
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			11 24 2014 Amount
City	State	Zip Code	14.40
New Orleans	LA	70126	Transaction ID : 4aac07bc-2ef7-4823-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joshua J Huffman			11 / 24 / 2014
Mailing Address 211 Dixie Ave			Amount
City	State	Zip Code	60.00
Harrisonburg	VA	22801	Transaction ID: 16b2cf89-09f7-4a48-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures		> 74.40
b) SUBTOTAL of Unitemized Independent	Expenditures		
c) TOTAL Independent Expenditures			

Under penalty of p with, or at the requ party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	12 /	04	2014
Signature					
Signature					

TEMIZED INDEPENDENT EX	(PENDITURES			PAGE 309 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 2	48-hour report New report	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Christine Stevens			Date of Pu	iblic Distribution/Dissemination
Mailing Address 100 Asbury Ct			11 Amount	24 2014
				70.00
City Winchester	State VA	Zip Code 22602		70.00 n ID : 0722208b-5017-4391-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 11	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	ght	505646.06	Disbursement For 2014	
Full Name of Payee Jazmine d Conner				ublic Distribution/Dissemination
Mailing Address 100 ASBURY C	 CT		Amount	
City	State	Zip Code		70.00
WINCHESTER	VA	22602		n ID : a89fd75b-100e-40bf-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Souç	ght	505646.06	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Indep	pendent Expenditures			140.00
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures			
(c) TOTAL Independent Expendit	ures		•	7 1 7 1 7
	that the independent expenditures tion of, any candidate or authorized ty committee or its agent.			
Ms. Emily Buchanan	[Electron	nically Filed] Date	12 04	4 2014
Signature		_ b bale		

TEMIZED INDEPENDENT	EXPENDITURES		PAGE 310 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	<b>\C</b>		C C00530766
Check if 24-hour report	48-hour report New re	eport Amends repo	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination
			11 24 2014
Mailing Address 100 Asbury	Ct		Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : 548197c4-325d-4623-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office S	Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rodney O Culbreath	1		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury	Ct		Amount
City	State	Zip Code	70.00
City Winchester	VA	22602	Transaction ID : b191ac49-d2ac-4a76-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office S	Sought	505646.06	Disbursement For:
			(1)
(a) SUBTOTAL of Itemized In	ndependent Expenditures		▶ 140.00
(b) SUBTOTAL of Unitemized	Independent Expenditures		
(c) TOTAL Independent Expe	enditures		
			7 7
	gestion of, any candidate or authorize		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchana		onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 12 01 2011

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 311 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	Amends report	t filed on
	Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination
	Mailing Address		11 / 24 / 2014
	100 Asbury CT 3200 Dam Neck Rd		Amount
		Code	70.00
	· ·	602	Transaction ID: 7f050760-a2b5-4ec4-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Ca	ategory/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	Rze Culbreath		11 24 / 2014
	Mailing Address 100 Asbury Ct		Amount
	City State Zip	Code	70.00
		2602	Transaction ID: cca6c496-3a2e-4c30-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Ca	ategory/ Type 001	11 24 Y 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 5	505646.06	Disbursement For:  Primary  General 2014  Gher (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures reposition, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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### **SCHEDU ITEMIZED**

MIZED INDEPENDENT EXPENDITURE	S		PAGE 312 OF 317 FOR LINE 24 OF FORM 33
ME OF COMMITTEE (In Full)			
omen Speak Out PAC			C C00530766
eck if 24-hour report 48-hour report	New	report Amends repo	ort filed on
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination
Mailing Address 1703 Torrey Pines Ct			11 24 2014 Amount
City	State	Zip Code	60.00
Reston	VA	20190	Transaction ID : e66e44a3-36dc-420b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	9	505646.06	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	30.00
Harrisonburg	VA	22801	Transaction ID: 5692efae-f1c1-430c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
a) SUBTOTAL of Itemized Independent Expenditu	ures		90.00
b) SUBTOTAL of Unitemized Independent Expendent	ditures		·
c) TOTAL Independent Expenditures			<b>•</b>

Under per with, or at party committee) any political party committee or its agent.

Ms. Emily Buchanan	[Electronically Filed]	Date	12	04	2014
Signature					
Signature					

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	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		010 017
!!	EMIZED INDEPENDENT EXPENDITURES		PAGE 313 OF 317 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee Helen Celestine		Date of Public Distribution/Dissemination
	Mailing Address 38346 Quinn Rd		Amount
	City State	Zip Code	20.00
	Pearl River LA	70452	Transaction ID : e2e3c418-550e-41ce-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 / 24 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
	Full Name of Payee Helen Celestine		Date of Public Distribution/Dissemination  11 24 2014
	Mailing Address 38346 Quinn Rd		Amount
	City State	Zip Code	4.50
	Pearl River LA	70452	Transaction ID : a8b98bf7-5bcb-4cc1-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 24 7 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		24.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		· · · · · · · · · · · · · · · · · · ·
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M M / D D / Y Y Y

[Electronically Filed]

12

Date

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Check if

City

charlotte

NAME OF COMMITTEE (In Full) Women Speak Out PAC

> Full Name of Payee Amanda Boley

Purpose of Expenditure

Mailing Address

24-hour report

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

Split Oak Drive

48-hour report

New report

State

NC

				OF 317 24 OF FORM 3X
				ON NUMBER ▼
		СС	00530766	
ort Amends report		/	D = D /	Y Y Y Y
	Date	of Public	Distribution	/Dissemination
	IV	11 /	24	2014
	Amou	nt		
7. 0.		-		05.00
Zip Code 28227	Transa	ction ID	538ecdfd-	85.00 <b>137e-4047-a</b>
			sement or (	Obligation
Category/ Type 001		11 /	24	2014
Support	Office Sough	it:	House	District:00
Oppose	Preside	ent X	Senate	State:LA
505646.06	Disbursemen 2014	t For:	Primary	General
				/Dissemination
		11	24	2014
	Amou	ınt		
Zip Code	Transa	ction ID	. 32/50105	19.23 d <b>28a-4e04-b</b>
28227	<b>I</b>		sement or (	
Category/ Type 002		11	24	2014
Support	Office Sough	nt:	House	District:00
Oppose	Presid	ent 🔀	Senate	State:LA
505646.06	Disbursemer 2014	nt For: [ Other (spe	Primary	General
		iller (spe	:City)	
	<b>.</b>			104.23
	·			
				• • • • • •
		7	1 7	

Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date 50564 Per Election for Office Sought Full Name of Payee Amanda Boley Mailing Address Split Oak Drive City State Zip Coc charlotte NC 28227 Purpose of Expenditure Catego Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date 50564 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] 12 04 2014 Date Signature FEC Schedule E (Form 3X) Rev. 09/2013

TEMIZED INDEPENDENT EXPENDITU	JRES			PAGE 315 OF 317 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour repo	ort New repo	ort Amends repo		M / D D / Y = Y = Y
Full Name of Payee Lesley Lennox				of Public Distribution/Dissemination
Mailing Address			L	11 22 2014
Mailing Address 2305 Cleary Ave			Amou	nt
City	State	Zip Code		57.50
Metairie	LA	70001		ction ID : 6d8ee469-d2c9-4041-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 22 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	
Full Name of Payee Lesley Lennox			Date	of Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave			Amou	
City	State	Zip Code		3.90
Metairie	LA	70001		oction ID : cb909de3-969c-4a25-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 22 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		505646.06	Disbursemen 2014 O	nt For: Primary X General  Other (specify) ▶
				(0,000)
(a) SUBTOTAL of Itemized Independent Expe	enditures		· •	61.40
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· •	
(c) TOTAL Independent Expenditures			· [	7 1 7 1 7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	sically Filed]	12	04 2014
Signature		Date	12	2014

	CHEDULE E (FEC Form 3X)		
11	EMIZED INDEPENDENT EXPENDITURES		PAGE 316 OF 317 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC		C C00530766
Cł	neck if 24-hour report 48-hour report New report	ort Amends repor	t filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Colton R Overcash		11 24 2014
	Mailing Address 121 Ohara Dr		Amount
	City State	Zip Code	70.00
	Salisbury NC	28147	Transaction ID: 0f705fca-b1c5-49b8-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 24 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee	<u> </u>	Date of Public Distribution/Dissemination
	Colton R Overcash		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	Mailing Address 121 Ohara Dr		Amount
	City State	Zip Code	78.84
	Salisbury	28147	Transaction ID: 7920c277-d391-4f35-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 D 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		148.84
	(1) OUDTOTAL (11): 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(b) SUBTOTAL of Unitemized Independent Expenditures		·
	(c) TOTAL Independent Expenditures		<b>&gt;</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	Ms. Emily Buchanan		M = M / D = D / Y = Y = Y

[Electronically Filed]

Date

2014

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Ms. Emily Buchanan

Signature

	CHEDULE E (FEC Form 3X)		
ΓE	EMIZED INDEPENDENT EXPENDITURES		PAGE 317 OF 317 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
۷	Vomen Speak Out PAC	C C00530766	
Cł	neck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
	Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination
	Mailing Address		11 23 7 2014
	121 Ohara Dr		Amount
	City State Salisbury NC	Zip Code 28147	90.00 Transaction ID : 871d7b9c-8594-43e4-b
		20147	Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Colton R Overcash  Mailing Address 424 Obers Dr		11 / 23 / 2014
	121 Ohara Dr		Amount
	City State	Zip Code	60.60
	Salisbury NC	28147	Transaction ID: 8c28a9f9-fbf6-4f96-8  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	11 23 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 150.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •
	(c) TOTAL Independent Expenditures		34162.77
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		

[Electronically Filed]

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Date

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